

CANADA

PROVINCE OF QUEBEC
DISTRICT OF MONTREAL

NO: 500-06-000972-196

(Class Action)
SUPERIOR COURT

J. TANNY

Applicant

-VS.-

ROYAL VICTORIA HOSPITAL, legal person
duly constituted, having its head office at 337-
8300 Decarie Boulevard, City of Montreal,
Province of Quebec, H4P 2P5

and

MCGILL UNIVERSITY HEALTH CENTRE,
legal person duly constituted, having its head
office at 610-8300 Decarie Boulevard, City of
Montreal, Province of Quebec, H4P 2P5

and

ATTORNEY GENERAL OF CANADA,
representing the Federal Government of
Canada, having its Quebec regional office at
the Department of Justice Canada, Guy-
Favreau Complex, East Tower, 9th Floor, 200
René-Levesque Boulevard West, City of
Montreal, Province of Quebec, H2Z 1X4

and

UNITED STATES ATTORNEY GENERAL,
representing the United States Department of
Justice, having its head office at 950
Pennsylvania Avenue, NW, City of
Washington, District of Columbia, 20530-
0001, USA

Defendants



**APPLICATION TO AUTHORIZE THE BRINGING OF A CLASS ACTION & TO
APPOINT THE APPLICANT AS REPRESENTATIVE PLAINTIFF
(Art. 574 C.C.P and following)**

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TO ONE OF THE HONOURABLE JUSTICES OF THE SUPERIOR COURT, SITTING IN AND FOR THE DISTRICT OF MONTREAL, YOUR APPLICANT STATES AS FOLLOWS:

“The project in Montreal was one in which psychiatric patients, hospitalized for a variety of different reasons, were subjected to a series of procedures that involved the use of experimental drugs, intensive shock treatments, sensory deprivation, forced sleep for weeks on end and the use of recorded voices for hours at a time in order to bring about behaviour change. These procedures, designed to manufacture new lives for those on whom they were applied, only succeeded in destroying the lives which they had led. For some, these techniques so changed their basic sense of self that what was left appeared unrecognizable to those who loved them.

One of those people was my father.”

Harvey Weinstein, A Father, a Son and the CIA

VI. GENERAL PRESENTATION

A) The Action

1. The Applicant wishes to institute a class action on behalf of the following class, of which she is a member, namely:
 - All persons who underwent depatterning treatment at the Allan Memorial Institute in Montreal, Quebec, between 1948 and 1964 using Donald Ewan Cameron’s methods (the “Montreal Experiments”) and their successors, assigns, family members, and dependants or any other group to be determined by the Court;
2. The “Montreal Experiments” refers to Donald Ewan Cameron’s methods of depatterning and repatterning the brain, including, but not limited to: (i) drug-induced sleep/coma, (ii) intensive electroconvulsive therapy (“ECT”), (iii) “psychic driving”, (iv) sensory deprivation, and (v) administration of various barbiturates, chemical agents and medications to suppress nerve functionality and activation;
3. “Depatterning” refers to Cameron’s methods of erasing a patient’s thoughts whereby patients were immobilized, rendered intellectually helpless and prevented from using their usual defences through the use of intensive Electroconvulsive therapy (ECT)¹, sensory isolation, massive amounts of sedatives and barbiturates to lessen patients’ resistance and to induce sleep treatment. It was a three-stage

¹ Electroconvulsive therapy (ECT), formerly known as electroshock therapy, and often referred to as shock treatment, is a psychiatric treatment in which seizures are electrically induced in patients to provide relief from mental disorders. ECT is often used as a last line of intervention for major depressive disorder, mania, and catatonia.



process in which patients lost track progressively of time and space through extreme disturbances of memory;

4. "Psychic driving" refers to the "reprogramming" procedure whereby patients were subjected to a continuously repeated audio message on a looped tape, often concurrently with muscular paralytic and sedating drugs to subdue them for purposes of exposure to the looped message(s) such as Thorazine and Amobarbital². This included "negative driving" – the use of negative and destructive messages of statements that patients had expressed about themselves (for example: "you are selfish") followed by "positive driving" – the use of positive messages (for example: "you are lovable") repeated between 250,000 to 500,000 times;
5. The sensory deprivation involved depriving patients of their senses by covering their ears, eyes, and/or skin, depriving them of food, water, and oxygen and instead injecting them with drugs such as Lysergic Acid Diethylamide (LSD)³ and curare⁴ to keep them in a disoriented and paralyzed state;
6. The drug-induced sleep involved administering patients with large amounts of sedatives (such as chlorpromazine, marketed under the trade-names Thorazine and Largactyl) in order to put them into an artificial coma, a large majority of which took place in the "sleep room", usually lasting from a few days up to 86 days;
7. Despite being kept in a childlike state due to the mass amount of drugs they were being administered, patients were still fearful of the sleep room. Their collective terror was so strong that patients would walk with their back to the wall when passing the door to the sleep room, fearful of their return;
8. None of the patients had given informed consent to the Montreal Experiments or were even aware that these experiments were being conducted, instead being under the impression that they were receiving medically sound therapy;
9. As a result of the trauma, patients often suffered from retrograde, psychogenic or dissociative amnesia⁵ for the rest of their lives and, having lost control of their

² Amobarbital (formerly known as amylobarbitone or sodium amytal) is a drug that is a barbiturate derivative. It has sedative-hypnotic properties. When given slowly by an intravenous route, sodium amobarbital has a reputation for acting as a so-called truth serum. Under the influence, a person will divulge information that under normal circumstances they would block.

³ Lysergic acid diethylamide (LSD), also known as acid, is a hallucinogenic drug. Effects typically include altered thoughts, feelings, and awareness of one's surroundings.

⁴ Curare is a drug used in surgery to temporarily paralyze a patient's involuntary muscles.

⁵ Retrograde amnesia (RA) is a loss of memory-access to events that occurred, or information that was learned, before an injury or the onset of a disease. Psychogenic amnesia or dissociative amnesia, is a memory disorder characterized by sudden retrograde episodic memory loss. More recently, dissociative amnesia has been defined as a dissociative disorder "characterized by retrospectively reported memory gaps. These gaps involve an inability to recall personal information, usually of a traumatic or stressful nature. Psychogenic amnesia is defined by the presence of retrograde amnesia (the inability to retrieve stored memories leading up to the onset of amnesia), and an absence of anterograde amnesia (the inability to form new long-term memories).



bladders and bowels, had to relearn most basic skills in order to function. Many were in a childlike state and even had to be potty-trained. Family members described them as even more emotionally unstable as before and many of them were unable to live a normal life afterwards;

10. The Montreal Experiments consisted of extreme mind-control brainwashing experimentation on unwitting patients, making a mockery of the doctor-patient relationship;
11. Simply put, the Montreal Experiments were a form of psychological torture inflicted upon hundreds of unsuspecting persons and which had traumatizing, damaging, and emotionally-crippling effects that lasted for the remainder of their lives and the lives of their families;
12. To this day, neither the Canadian government, the CIA, McGill, nor the Royal Victoria Hospital have issued formal apologies for their involvement with the Montreal Experiments;
13. By reason of their actions and omissions, the Defendants enabled the Montreal Experiments to be conducted, thereby causing the Applicant and the members of the Class to suffer severe, debilitating, and painful personal injury to their bodies and minds, as well as other moral, mental/emotional, and economic damages, upon which they are entitled to claim;

B) The Defendants

I. The Locus Defendants

14. Defendant Royal Victoria Hospital is a Canadian corporation with its head office in Montreal, Quebec. The Allan Memorial Institute, which was founded in 1943 and which housed the Montreal Experiments, was the psychiatry department of the Royal Victoria Hospital, which was part of and closely affiliated with the Defendant McGill University Health Centre as the teaching hospital for the medical faculty. The Allan Memorial Institute was administered by the Board of Governors of the Royal Victoria Hospital and the relationship between the two was very harmonious, the whole as appears more fully from a copy of an extract from the *Registraire des entreprises* and from a copy of the Corporation Profile Report for the Royal Victoria Hospital, produced herein *en liasse* as **Exhibit R-1**;
15. Defendant McGill University Health Centre ("McGill") is a Canadian corporation with its head office in Montreal, Quebec. Its stated activities include both short-term and long-term hospital centres and the establishment of public health services, the whole as appears more fully from a copy of an extract from the *Registraire des entreprises*, produced herein as **Exhibit R-2**;
16. The Allan Memorial Institute was co-administered by McGill and the Royal Victoria Hospital with no oversight of, for example, a scientific review or ethics committee;



17. The Locus Defendants, as institutions, are liable for the acts of their agents, servants, and employees, systemic or otherwise, who planned, authorized, supervised, monitored, oversaw, recommended, supported, directed, and otherwise exercised control over the Montreal Experiments – they are equally liable for any and all failures to perform same;

II. The Governmental Funding Defendants

18. Defendant Attorney General of Canada (“AG Canada”) had delegated the responsibility for the regulation of health research and national defence to the National Research Council (now the Canadian Institutes of Health Research), the Canadian Department of National Health and Welfare (now split into Health Canada and Human Resources Development Canada) and to the Defence Research Board of Canada⁶ (“DRB”, now part of the Department of National Defence). The Montreal Experiments were funded through several grants from the Department of Health and Welfare and the DRB from 1950 to 1964 always under labels such as “psychological warfare” and “national defence”. In all, the Canadian government subsidized the Montreal Experiments in the amount of \$162,206.41 (equivalent to \$1,696,355.98 in 2018⁷);
19. The DRB was founded in 1946 as the research arm of the Department of National Defence with a mandate to engage directly in research of its own, to contract out for specific items of research work, and to make grants to independent researchers, in areas of particular application to the military. The ORB was not to conduct basic scientific research, but rather applied research. Included in this was research in psychiatry and psychology, primarily to develop methods of testing the capabilities of potential recruits and serving personnel, to determine their suitability to withstand the stress of combat, and to study the effect of stress generally in the trying conditions of war and other emergencies (Exhibit R-44);
20. Prior to providing funding to the Montreal Experiments (or at least as early as 1952), the DRB was well aware that sensory deprivation was dangerous and potentially torturous to its subjects. For example, and, as will be detailed hereinbelow, the DRB had been funding Dr. Hebb at McGill from 1951 to 1954 (under Project No. D 77-94-85-01) who had been studying sensory deprivation on voluntary paid human subjects. Dr. Hebb reported disturbing preliminary findings to the DRB in 1952. These preliminary findings were confirmed in further reports whereby hallucinations, anxiety attacks, and declarations of torture were reported, the whole as appears more fully from a copy of the Phoenix Rising article entitled “A Psychiatric Holocaust” dated June 1986 and from a copy of the DRB files materials on research by Dr. Donald O. Hebb on sensory deprivation experiments, produced herein *en liasse* as **Exhibit R-3**;

⁶ The Defence Research Board of Canada existed from 1947 to 1977 and was chaired by 4 men: Dr. Omond M. Solandt, Hartley Zimmerman, Robert Uffen and Léon L'Heureux.

⁷ Adjusted for inflation, \$162,206.41 in 1950 is equivalent in purchasing power to \$1,696,355.98 in 2018.

21. After these experiments were leaked to the press, questions were raised in Parliament and the Cabinet decided on “questions of principle” that “the contract with Dr. Hebb at McGill be cancelled”, the whole as appears more fully from a copy of chapter 3 from the book “The Trauma of Psychological Torture” entitled “Legacy of a Dark Decade: CIA Mind Control, Classified Behavioral Research, and the Origin of Modern Medical Ethics” dated 2008, from a copy of the DRB file materials, correspondence and news clippings, and from a copy of the DRB report to the Treasury Board, dated August 3, 1954, produced herein *en liasse* as **Exhibit R-4**;
22. The Montreal Experiments were funded by the Canadian Department of National Health and Welfare in 4 grants under the federally-funded “Mental Health Grant”, between 1948 and 1964, for a total funding amount of \$162,206.41 (\$1,696,355.98 in 2018):
- (i) From 1950 to 1957 for “Research Studies on E.E.G. and Electrophysiology” in the amount of \$60,353.33 (Project No. 604-5-13)⁸,
 - (ii) From 1950 to 1954 for “Support of a Behavioural Laboratory” in the amount of \$17,875.00 (Project No. 604-5-14),
 - (iii) From 1959 to 1961 for “Study of Ultraconceptual Communication” in the amount of \$26,228.08 (Project No. 604-5-74)⁹, and
 - (iv) From 1961 to 1964 for “A Study of Factors Which Promote or Retard Personality Change in Individuals Exposed to Prolonged Repetition of Verbal Signals” in the amount of \$57,750.00 (Project No. 604-5-432)

The whole as appears more fully from a copy of the 9 Mental Health Division research projects listing Cameron as principal investigator and from a copy of various departmental memoranda and a sample application form, produced herein *en liasse* as **Exhibit R-5**;

23. It was the Mental Health Division’s practice to require grantees to submit annual progress reports prior to the yearly renewal of the grants. It was also the department’s practice to send representatives to visit the institutions where the work was being carried out;
24. These grants funded several of Cameron’s brainwashing studies, including sensory deprivation, psychic driving, electroshock, and the use of the male hormone testosterone on women patients (Exhibits R-3 and R-5);

⁸ Note: The Cooper Report did not consider Project No. 604-5-13 as part of the funding of the Montreal Experiment despite its clear relation thereto.

⁹ Note: The Cooper Report oddly dismissed Project No. 604-5-74 as irrelevant despite it being described by Cameron and his technician, Leonard Rubenstein, as being based on the process of driving and on the idea that “constant repetition, particularly as far as the patient is concerned may result in an exhaustion of his defences” as well as the CIA having been equally interested in it.



25. Defendant United States Attorney General (“US AG”) delegated the responsibility for U.S. national security information and intelligence to the Central Intelligence Agency (CIA). The CIA funded mind-control experiments across North America through 3 private medical research foundations, one being, the Society for the Investigation of Human Ecology (also known as the “Human Ecology Fund”¹⁰), which was a known CIA front for covert funding of psychological research. During this time period, the Montreal Experiments were monitored by the CIA through its staff members, including, but not limited to Dr. Sidney Gottlieb, Sam Lyerly, Walter Pasternak, Harold Wolff and Lt. Col. James L. Monroe. The Montreal Experiments were funded through 3 grants from the CIA between March 18, 1957 and June 30, 1960 for a total funding amount of \$59,467.54 CDN¹¹ as part of the CIA’s “MKULTRA” program – “Subproject 68” (which will be described hereinbelow).
- (i) On February 27, 1957, the CIA approved a grant of \$38,180.00 USD, (through allotment 7-2502-10-001) to the Montreal Experiments for the period of April 1, 1957 to March 31, 1959,
 - (ii) On March 27, 1959, the CIA approved the continuation of funding and an additional \$19,090.00 USD (through allotment 9-2502-73-902 and paid by Treasurer’s Check No. 168395) to be paid covering the period of April 1, 1959 to March 31, 1960,
 - (iii) On August 17, 1960, the CIA approved further funding to the Montreal Experiments in the amount of \$4,775.00 seemingly for the period of April 1, 1960 to June 30, 1960 (under allotment 1525-1009-1902 and paid by cashier’s check no. 2-003633 dated August 26, 1960), after which, it appears no more payments were approved.

The whole as appears more fully from a copy of the released CIA documents regarding MKULTRA Subproject 68, produced herein as **Exhibit R-6**;

26. At the time, there was an agreement between Canada and the United States regarding the protocol of funding research on one another’s soil – it stipulated that any U.S. government support of research in Canada was to be channeled through the Canada Defence Research Board (“DRB”). By circumventing this established procedure, the CIA was theoretically violating Canadian sovereignty. This need for secrecy was noted as follows (Exhibit R-6 at 68-36):

“9. In view of the fact that McGill University is in Canada, the following security considerations should be noted: 1) Dr. Cameron, the principal investigator and his staff will remain completely unwitting of the U.S. government interest...3) No agency staff personnel will contact, visit, or

¹⁰ The Human Ecology Fund was disbanded in 1965.

¹¹ The total amount was \$62,045.00 USD. Adjusted for inflation, \$59,467.54 in 1957 is equivalent in purchasing power to \$535,176.12 in 2018 (assuming that the whole amount was given in 1957).

discuss this project with Dr. Cameron or his staff except under extreme circumstances.”

27. In all, it appears that the Montreal Experiments were funded by both the Canadian and U.S. governments between 1950 and 1964 for a total amount of \$221,673.95 (approximately \$2,318,268.01 in 2018)¹²;
28. The Governmental Funding Defendants are liable for the acts of their agents, servants, and employees who supervised, monitored, oversaw, authorized, recommended, supported, directed, and otherwise exercised control over the Montreal Experiments – they are equally liable for any and all failures to perform same;
29. All of the Defendants are either directly or indirectly responsible for enabling the Montreal Experiments to be conducted and they are thus, solidarily liable for the acts and omissions of the other;

C) The Situation

I. Background – Project MKULTRA

30. Project MKULTRA¹³, also known as the CIA mind control program, is the code name given to a program of experiments on human subjects that were financed, designed, and undertaken by the CIA between April 1953 and 1973. MKULTRA was concerned with “the research and development of chemical, biological, and radiological materials capable of employment in clandestine operations to control human behavior”, the whole as appears more fully from a copy of an extract from the United States Senate’s Final Report of the Select Committee to Study Governmental Operations with Respect to Intelligence Activities dated April 26, 1976, produced herein as **Exhibit R-7**;
31. The proposal describing MKULTRA provided that:

“we intend to investigate the development of a chemical material which causes a reversible non-toxic aberrant mental state, the specific nature of which can be reasonably well predicted for each individual. This material ‘could potentially aid in discrediting individuals, eliciting information, and implanting suggestions and other forms of mental control”,

The whole as appears more fully from a copy of the transcript of the Joint Hearing Before the Select Committee on Intelligence and the Subcommittee on Health and

¹² Adjusted for inflation, \$221,673.95 in 1950 is equivalent in purchasing power to \$2,318,268.01 in 2018.

¹³ The project’s intentionally obscure CIA cryptonym is made up of the digraph MK, meaning that the project was sponsored by the agency’s Technical Services Staff, followed by the word Ultra which had previously been used to designate the most secret classification of World War II intelligence.



Scientific Research of the Committee on Human Resources United States Senate entitled "Project MKULTRA, The CIA's Program Of Research In Behavioral Modification" dated August 3, 1977, produced herein as **Exhibit R-8**;

32. MKULTRA was initially established to counter the perceived threat of Soviet, Chinese, and other Communist bloc country advances in brainwashing and interrogation techniques. During the Cold War, in the late 1940s and 1950s, the CIA was obsessed with finding and using methods to combat espionage;
33. MKULTRA was approved on April 13, 1953 and, under the directorship of Allan Dulles and Richard Helms, the CIA set up several secret projects including "ARTICHOKE", "BLUEBIRD", "MK-DELTA", AND "MKULTRA" – all involving mind-control and brainwashing techniques, strategies, and experiments (Exhibit R-3);
34. MKULTRA was an umbrella project under which certain sensitive subprojects were funded, involving among other things research on drugs and behavioral modification and the administration of drugs surreptitiously (Exhibit R-8 at pages 4-5);
35. Briefly, MKULTRA was concerned with learning the state of the art of behavioural modification at a time when the U.S. government was concerned with inexplicable behaviour of persons behind the iron curtain and American prisoners of war who had been subjected to so-called brainwashing. Soon this defensive orientation became secondary and chemical and biological agents were to be studied in order to "to perfect techniques...for the abstraction of information from individuals whether willing or not" and in order to "develop means for the control of the activities and mental capacities of individuals whether willing or not". In this way, by the early 1950s, the program had gone on the offensive (Exhibit R-8 at page 73);
36. MKULTRA was considered an extremely sensitive project as research into the manipulation of human behaviour was considered by many to be professionally unethical, legally questionable, and risky to the rights and interests of humans. Over the ten-year life of the program, many "additional avenues to the control of human behavior" were designated as appropriate for investigation under the MKULTRA charter. These included "radiation, electroshock, various fields of psychology, psychiatry, sociology, and anthropology, graphology, harassment substances, and paramilitary devices and materials" (Exhibit R-8 at page 70);
37. The next phase of the MKULTRA program involved physicians, toxicologists, and other specialists in mental, narcotics, and general hospitals, and in prisons. Utilizing the products and findings of the basic research phase, they conducted intensive tests on human subjects (Exhibit R-8 at page 71);
38. The program engaged in many illegal activities, including the use of U.S. and Canadian citizens as its unwitting test subjects, which led to controversy regarding its legitimacy. MKULTRA used numerous methods to manipulate people's mental states and alter brain functions, including the surreptitious administration of drugs

(especially LSD) and other chemicals, hypnosis, sensory deprivation, isolation, verbal and sexual abuse (including the sexual abuse of children), and other forms of torture (Exhibit R-8);

39. Experiments on humans were intended to identify and develop drugs and procedures to be used in interrogations in order to weaken the individual and force confessions through mind control. Over the years the program included various medical and psychological experiments;
40. Research and development programs to find materials which could be used to alter human behavior were initiated in the late 1940s and early 1950s. These experimental programs originally included testing of drugs involving witting human subjects, and culminated in tests using unwitting, nonvoluntary human subjects. These tests were designed to determine the potential effects of chemical or biological agents when used operationally against individuals unaware that they had received a drug (Exhibit R-8 at page 64 – Appendix A);
41. A 1955 CIA document about MKULTRA gives an indication of the size and range of the effort by reviewing its research and development of a shocking list of mind-altering substances and methods, including “materials which will render the indication of hypnosis easier or otherwise enhance its usefulness,” and “physical methods of producing shock and confusion over extended periods of time and capable of surreptitious use”:
 1. Substances which will promote illogical thinking and impulsiveness to the point where the recipient would be discredited in public.
 2. Substances which increase the efficiency of mentation and perception.
 3. Materials which will cause the victim to age faster/slower in maturity.
 4. Materials which will promote the intoxicating effect of alcohol.
 5. Materials which will produce the signs and symptoms of recognized diseases in a reversible way so they may be used for malingering, etc.
 6. Materials which will cause temporary/permanent brain damage and loss of memory.
 7. Substances which will enhance the ability of individuals to withstand privation, torture, and coercion during interrogation and so-called "brain-washing".
 8. Materials and physical methods which will produce amnesia for events preceding and during their use.
 9. Physical methods of producing shock and confusion over extended periods of time and capable of surreptitious use.
 10. Substances which produce physical disablement such as paralysis of the legs, acute anemia, etc.
 11. Substances which will produce a chemical that can cause blisters.



12. Substances which alter personality structure in such a way the tendency of the recipient to become dependent upon another person is enhanced.
 13. A material which will cause mental confusion of such a type the individual under its influence will find it difficult to maintain a fabrication under questioning.
 14. Substances which will lower the ambition and general working efficiency of men when administered in undetectable amounts.
 15. Substances which promote weakness or distortion of the eyesight or hearing faculties, preferably without permanent effects.
 16. A knockout pill which can be surreptitiously administered in drinks, food, cigarettes, as an aerosol, etc., which will be safe to use, provide a maximum of amnesia, and be suitable for use by agent types on an ad hoc basis.
 17. A material which can be surreptitiously administered by the above routes and which in very small amounts will make it impossible for a person to perform physical activity whatsoever (Exhibit R-8 at pages 123-124);
42. A 1957 report by the Inspector General denounced the MKULTRA program noting that the chemical division “had added difficulty in obtaining expert services and facilities to conduct tests and experiments. Some of the activities are considered to be professionally unethical and in some instances border on the illegal. These difficulties have not been entirely surmounted but good progress is being made”, Drs. Gottlieb and Lashbrook nonetheless continued their activities unprimed and unsupervised, the whole as appears more fully from a copy of an excerpt for the 1957 Inspector General Report entitled “Operations of TSD” from Selections of CIA MKULTRA Documents – folder 0000146167, paginated as 199-206, produced herein as **Exhibit R-9**;
43. In a memorandum from the Inspector General to the Director of Central Intelligence on Project MKULTRA provided the following:
- “6. ... The system in effect “buys a piece” of the specialist in order to enlist his aid in pursuing the intelligence implications of his research.
- ...
10. The final phase of testing of MKULTRA materials involves their application to unwitting subjects in normal life settings.
- ...
13. ... In a number of instances, however, the test subject has become ill for hours or days, including hospitalization in at least one case, and the agent could only follow-up by guarded inquiry after the test subject’s return to normal life. Possible sickness and attendant economic loss are inherent contingent effects of the testing.
- ...



15. There have been several discussions in the public press in recent months on the use of certain MKULTRA-type drugs to influence human behavior. Broadly speaking, these have argued that research knowledge of possible adverse effects of such substances on human beings is inadequate, that some applications have done serious harm, and that professional researchers in medicine and psychiatry are split on the ethics of performing such research. Increasing public attention to this subject must be expected.

...

16. ... A significant number of variable in the target individual, including age, sex, weight, general health, social status, and personality structure, may account for widely varying and unpredictable reactions to a given drug in a given dosage.

...

18. Final phase testing of MKULTRA substances or devices on unwitting subjects is recognized to be an activity of genuine importance in the development of some but not all MKULTRA products. Termination of such testing would have some, but an essentially indeterminate, effect on the development of operational capability in this field. Of more critical significance, however, is the risk of serious damage to the Agency in the event of compromise of the true nature of this activity.

...

19. It does not follow that termination of cover testing of MKULTRA materials on unwitting U.S. citizens will bring the program to a halt. Some testing on foreign nationals has been occurring under the present arrangements.

...

30. TSD has initiated 144 projects relating to the control of human behavior.

...

It is recommended that: ...

g. Testing of MKULTRA materials and devices shall only be performed in accredited research institutions under accepted scientific procedures."

The whole as appears more fully from a copy of the Memorandum for the Director of Central Intelligence with the Subject: "Report of Inspection of MKULTRA" dated July 26, 1963, including its attachments, produced herein as **Exhibit R-10**;

44. The operation was officially sanctioned in 1953, was reduced in scope in 1964, further curtailed in 1967, and recorded to have been halted in 1973. There remains controversy over whether this operation ever ended, or continues presently, the whole as appears more fully from a copy of The New York Times article entitled



“C.I.A. Says it Found More Secret Papers on Behavior Control” dated September 3, 1977, produced herein as **Exhibit R-11**;

45. On July 26, 1963, in a memorandum from the Inspector General to the Director of Central Intelligence (Exhibit R-10), the Inspector general stated: “The concepts involved in manipulating human behavior are found by many people both within and outside the Agency to be distasteful and unethical”. In the attached Report, this was reiterated and the following was stated:

- a. Research in the manipulation of human behavior is considered by many authorities in medicine and related fields to be professionally unethical, therefore the reputations of professional participants in the MKULTRA program are on occasion in jeopardy.
- b. Some MKULTRA activities raise questions of legality implicit in the original charter.
- c. A final phase of the testing of MKULTRA products places the rights and interests of U.S. citizens in jeopardy.
- d. Public disclosure of some aspects of MKULTRA activity could induce serious adverse reaction in U.S. public opinion, as well as stimulate offensive and defensive action in this field on the part of foreign intelligence services.

46. On January 31, 1973, 20 years after Project MKULTRA was conceived, the then-CIA director, Richard Helms, ordered that all MKULTRA files be destroyed, which seriously hampered investigative efforts and made it impossible to determine the full extent of its operations (Exhibit R-8 at page 84), the whole as appears more fully from a copy of the transcript of the Interview with Richard Helms of May 22-23, 1978, produced herein as **Exhibit R-12**;

47. The MKULTRA program surfaced publicly in 1975 under the then-U.S. President Ford’s Commission on CIA activities within the United States and it became the subject of executive and congressional investigations, including the Church and Kennedy inquiries. In 1975, the Deputy Director of the CIA had revealed that over 30 universities and institutions were involved in an “extensive testing and experimentation” program which included covert drug tests on unwitting citizens... (Exhibit R-8 at page 2);

- The Death of Dr. Frank Olson in 1953

48. In 1975, it was revealed that in November of 1953, the CIA had performed an experiment whereby they had administered approximately 70 micrograms of LSD on an unwitting basis to Dr. Frank Olson in a glass of Cointreau that he drank, a civilian employee of the army. The drug had been placed in the bottle by a CIA officer, Dr. Robert Lashbrook, as part of an experiment that he and Dr. Sidney Gottlieb performed at a meeting of army and CIA scientists. Shortly after

unknowingly ingesting the LSD, Dr. Olson exhibited symptoms of paranoia and schizophrenia. Eight days later, while in New York receiving psychiatric treatment from Dr. Harold Abramson, an allergist and immunologist with no degree in psychology and that was indirectly funded by the CIA, Olson fell to his death from a tenth story window in the Statler Hotel (Exhibit R-8);

49. Although the CIA concealed the facts concerning the Olson killing, Director Dulles ordered investigations by his General Counsel and his Inspector General who concluded that there had been “culpable negligence” by the CIA officials in charge of MKULTRA, that “a death occurred which might have been prevented”, that there “should immediately be established a high-level intra-Agency board which should review all TSS experiments and give approval in advance to any in which human beings are involved”, and that the CIA employees involved in the Olson death be reprimanded, the whole as appears more fully from a copy of the Hamline Journal of Public Law and Policy article entitled “Anatomy of a Public Interest Case Against the CIA” dated 1990, produced herein as **Exhibit R-13**;
50. CIA Director Dulles ordered that a Review Board be created to oversee and control research and experiments, but unfortunately, no precautionary measures were instituted by the CIA in order to prevent reoccurrence and both Dr. Lashbrook and Dr. Gottlieb remained in charge of Project MKULTRA without even a reprimand. In this capacity and, as will be described hereinbelow, they later went on to approve the funds for the Montreal Experiments without review and oversight of the special Review Board order by Director Dulles and with the same recklessness they had exhibited in the Olson death (Exhibit R-13);
51. In 1976, the U.S. Congress passed a bill awarding the Olson family \$750,000.00 in compensation;
 - The 1977 Missing CIA Files Discovery
52. During the summer of 1977, some previously undiscovered financial records pertaining to Project MKULTRA were obtained. The records revealed a far more extensive series of experiments than had previously been thought. Not 30, but 86 universities and institutions were involved and new instances of unethical behavior were revealed (Exhibit R-8 at page 3);
53. On August 2, 1977, The New York Times published a front-page story with the headline “Private Institutions used in CIA Effort to control behavior”, which described project MKULTRA and Cameron’s association with it, the whole as appears more fully from a copy of The New York Times article entitled “Private Institutions used in [CIA] Effort to control behavior” dated August 2, 1977, produced herein as **Exhibit R-14**;
54. The New York Times article (Exhibit R-14) exposed that “several prominent medical research institutions and Government hospitals in the United States and Canada



were involved in secret, 25-year, \$25-million effort by the [CIA] to learn how to control the human mind”;

55. The New York Times article (Exhibit R-14), through an interview with Leonard Rubenstein, Cameron’s technician, also revealed that: the project “was [definitely and directly] related to brainwashing” and that “they had investigated brainwashing among soldiers who had been in Korea. We in Montreal started to use some [of these] techniques, brainwashing patients instead of using drugs” and he described sensory deprivation;
56. On August 3, 1977, in response to these accusations, a Joint Hearing before the U.S. Senate Sub-committee on Intelligence and Sub-committee on Health and Scientific Research was held in Washington to examine the extent of the MKULTRA program. A stated purpose of the hearing was to “address the issues raised by any additional illegal or improper activities that have emerged from the files and to develop remedies to prevent such improper activities from occurring again” as well as to meet the “obligation on the part of both this committee and the CIA to make every effort to help those individuals or institutions that may have been harmed by any of these improper or illegal activities” (Exhibit R-8);
57. On August 4, 1977, the Canadian Parliament acknowledged The New York Times article (Exhibit R-14) and the Montreal Experiments:

“Mr. Andrew Brewin (Greenwood): Mr. Speaker, my question is to the Secretary of State for External Affairs – I am sorry I did not give him notice. Is the government aware of the use by the United States CIA, a U.S. government agency, of Canadians and the Canadian Institute at McGill to experiment in brainwashing or sensory deprivation? Is the minister aware that persons who are subjected to this treatment lose the sense of sound, sight, smell and in some cases, touch and time also, and that the experience has some serious effects upon their personalities?

An hon. Member: Like the Liberals!

Some hon. Members: Oh, oh!

Hon. Donald C. Jamieson (Secretary of State for External Affairs): The only evidence I have about changes in people’s personality, relates to this House and is usually the results of actions taken by the other side. But as to the question, which is a serious one, may I say I have not had an opportunity to find out anything beyond the account I have read in the newspaper. But I will undertake to inquire further.

Mr. Brewin: May I ask the minister whether, if these accounts, which certainly appear to be authentic, prove to be authentic, he will consider making a protest to the United States government with regard to what appears to have been an intrusion into the affairs of Canadians?

Mr. Jamieson: I will consider that possibility."

The whole as appears more fully from a copy of an extract from the Debates of the Senate Official Report (Hansard) 1976-77 Volume II (April 26, 1977 to October 17, 1977), produced herein as **Exhibit R-15**;

58. Until 1954, all U.S. military-sponsored research contracts at Canadian institutions contained the following clause: "*The contractor may disclose information relating to the contract to the Canadian government at any time regardless of the security classification placed thereon*". A Canadian DRB memorandum noted that after December 1954, "*without warning, the USAF¹⁴ began to offer contracts in which it was omitted*". This clause omission was the subject of debate at the DRB, where it was decided that scientists in Canada doing work for a foreign power without the knowledge of the Canadian government would be a violation of the *Official Secrets Act* [Assented to 3rd June, 1939], the whole as appears more fully from a copy of the *Official Secrets Act*, 1939 and from pages 152-154 of the book, *I Swear by Apollo*, published in 1987, produced herein *en liasse* as **Exhibit R-16**;
59. Occasional violations of this unwritten agreement were noted by the chairman of the DRB (Dr. Omond M. Solandt). When these violations were discovered, the covertly-funded classified project would be terminated or taken over by the DRB. The Montreal Experiments, which did not follow the proper channels was one such violations of the agreement (Exhibit R-16, page 154);
60. A CIA Report quoted in the New York Times article (Exhibit R-14) stated that "many phases of the research in the control of human behavior involve a high degree of sensitivity. The professional reputations of outside researchers are in jeopardy since the objectives of such research are widely regarded as anti-ethical or illegal";
61. A CIA source who declined to be identified said that to his knowledge all the researchers knew they were working for the agency. Other former intelligence officers said the agency had sought to hide its involvements so that Soviet intelligence services would not know that the agency was interested in the research (Exhibit R-14);
62. Due to the dubious and immoral nature of the mind control research, the CIA moved a number of experiments out of the United States;
63. Altogether, there were 149 MKULTRA subprojects relating to drugs and behaviour modification, including Subproject 68 – also known as the Montreal Experiments. The MKULTRA Briefing Book contains the following summary of the Montreal Experiments:

¹⁴ U.S. Air Force.



SUB-PROJECT NO. 68

PRINCIPAL RESEARCHER AND LOCATION: Dr. D. Ewen Cameron
Allan Memorial Institute of
Psychiatry at McGill University
Montreal, Quebec

OBJECTIVE AND DETAILS OF WORK: To study the effect upon human behavior of the repetition of verbal signals. This work resulted from a request to the Society for the Investigation of Human Ecology from the Allan Memorial Institute of Psychiatry for a grant: "to study the effects upon human behavior of the repetition of verbal signals". There is no evidence that the Agency influenced the nature of this research. Patients selected were those suffering from extremely long-term and intractable psychoneurotic conditions. They were treated with LSD-25 and other similar agents to break down on-going patterns of behavior. The plan included intensive repetition (16 hours a day for six or seven days) of prearranged verbal signals -- patient is kept in partial sensory isolation -- then continuous sleep for seven to ten days. Lasting behavioral changes of two months duration were achieved in one case.

23 April 1959 Memorandum for the Record states that Dr. Cameron completed over 100 cases, "with some rather dramatic results, particularly with neurotics".

There is no indication in the file as to whether the patients were witting.



SIGNIFICANT ASPECTS: Testing of LSD on human beings, and covertly funding research in a Canadian University.

FUNDING:

COVER MECHANISM: Society for the Investigation of Human Ecology

APPROXIMATE TOTAL: \$60,000 in Cashier's Checks

RESEARCH PARTICIPANT: Dr. D. Ewen Cameron, unwitting

OTHER SPONSORS: Allan Memorial Institute of Psychiatry (McGill University).

17 August 1960 Memorandum for the Record indicates the U.S. Air Force was considering co-sponsorship of effort.

NAMES OF CIA MONITORS:

Sidney Gottlieb

Robert V. Lashbrook

APPROVERS: Willis A. Gibbons

C.V.S. Roosevelt

The whole as appears more fully from a copy of the MKULTRA Briefing Book dated January 1, 1976 and from a copy of Appendix C to the book entitled "The C.I.A. Doctors" written by Colin A. Ross, M.D., published January 1, 2006, produced herein *en liasse* as **Exhibit R-17**;

II. The Montreal Experiments

(a) Overview

64. The Montreal Experiments were led by the psychiatrist, Donald Ewen Cameron, between 1948 and 1964 at the Allan Memorial Institute, the Psychology Department of the Royal Victoria Hospital and part of the McGill University Health Centre;
65. Cameron was a Scottish-born psychiatrist who served as President of the American Psychiatric Association (1952–1953), Canadian Psychiatric Association (1958–1959), American Psychopathological Association (1963), Society of Biological



Psychiatry (1965), and co-founder and first President of the World Psychiatric Association (1961–1966), the whole as appears more fully from a copy of the Canadian Psychiatric Association’s list of Past Presidents, from a copy of the American PsychoPathological Association’s list of presidents, and from a copy of the World Psychiatric Association’s chronology, produced herein *en liasse* as **Exhibit R-18**;

66. Cameron was an internationally-prominent psychiatrist who developed torture techniques on hundreds of patients, many admitted to the Allan Memorial Institute with moderate problems, as involuntary subjects – mostly women. His severe techniques involved a three-stage brainwashing procedure designed to eliminate the will and to establish control: first, “mental depatterning” achieved through drug-induced coma – massive neuroleptic drug cocktails induced extended sleep lasting up to 86 days. The second stage involved extreme, high voltage multiple electroconvulsive therapy (ECT) “treatments” 3 times daily. Finally, while the patient is in isolated confinement, in LSD-altered states of consciousness, and deprived of all sensory stimulation including, adequate food, water, and oxygen, the subject would be bombarded by “psychic driving” by use of a football helmet clamped to the head with a looped tape repeating messages “up to a half-million times, messages such as “my mother hates me”, the whole as appears more fully from a copy of the InterScience article entitled “Science in Dachau’s Shadow: Hebb, Beecher, and the Development of CIA Psychological Torture and Modern Medical Ethics” dated 2007 and from a copy of the Alliance for Human Research Protection (AHRP) article entitled “1950s–1960s: Dr. Ewen Cameron Destroyed Minds at Allan Memorial Hospital in Montreal” undated, produced herein *en liasse* as **Exhibit R-19**;
67. Cameron believed that he could cure mental instability through what he termed “psychic driving”, a procedure in which patients were forcibly subjected to a continuously repeated audio message on a looped tape (with repetitions of up to half a million times) through the use of unremovable earphones, paralytic drugs to subdue them and to counter their resistance to the “treatment”. This was coupled with what Cameron called “depatterning”, a procedure whereby the patient was administered massive doses of ECT combined with massive doses of psychedelic drugs (such as LSD) and placed into a period of prolonged drug-induced sleep in order to break down their personality such that the psychic driving could establish a new personality, the whole as appears more fully from a copy of the Comprehensive Psychiatry article entitled “The Depatterning Treatment of Schizophrenia” dated April 1962, produced herein as **Exhibit R-20**;
68. Depatterning was described in terms of degrees of disturbance in the patient’s space-time image. As Cameron described (Exhibit R-20):

“In the first stage of disturbance of the space-time image, there are marked memory deficits but it is possible for the individual to maintain a space-time image. In other words, he knows where he is, how long he has been there and how he got there. In the second stage, the patient



has lost his space-time image, but clearly feels that there should be one. He feels anxious and concerned because he cannot tell where he is and how he got there. In the third stage, there is not only a loss of the space-time image but loss of all feeling that should be present. During this stage the patient may show a variety of other phenomena, such as loss of a second language or all knowledge of his marital status. In more advanced forms, he may be unable to walk without support, to feed himself, and he may show double incontinence.”

69. In reality, depatterning was nothing more than an electrical lobotomy;
70. Cameron published several articles in relation to the above procedure as a method of curing schizophrenia; however, in reality, Cameron conducted the Montreal Experiments on hundreds of human beings who were not severely disturbed. His patients included women suffering from postpartum depression and people experiencing physical pains – in this way, his disturbing descriptions of his last-resort intervention to the medical community was actually used as a front-line “treatment” – no serious attempts were made to intervene in a less invasive manner such as intensive psychotherapy and mild sedation carried out in a protected hospital environment;
71. Most certainly, no human being should have been a suitable candidate for the Montreal Experiments without volunteering after being fully informed, but many of the patients that Cameron conducted his experiments on were far from disturbed and completely absurd candidates for anything more than psychotherapy or over the counter pain medication;
72. Cameron’s extreme physical procedures were a massive departure from the accepted methods for treating neurotic patients. Even in the late 1940s to 1960s, when the Montreal Experiments were being conducted, the practices used by Cameron were extreme. For example, in terms of the ECT portion of the Montreal Experiments, ECT was commonly used at the time to treat depression; however, in such a case, patients would only receive ECT 2 to 3 times per week, whereas, Cameron’s intensive ECT was of a much higher voltage than the norm and was being administered multiple times per day for an extended period of time. In addition, the intensive ECT would often continue to be administered despite the manifestation of convulsive fits, which were generally considered to be contraindications to normal and safe ECT procedure within the industry, the whole as appears more fully from a copy of the McGill Tribune article entitled “Declassified: Mind Control at McGill” undated, produced herein as **Exhibit R-21**;
73. The frequency and intensity of the ECT as well as the quantity and combination of drugs that were administered to patients, coupled with the unheard-of length of induced comas and repetitions of the looped tape recordings indicated a fundamental disregard for the value of human life;



74. Further, Cameron was a big proponent of the “Page-Russell ECT Technique” which involved the administration of a powerful electroshock to induce an epileptic convulsion and then 5 additional shocks during the convulsion once a day – Cameron would administer up to 9 additional shocks and this, 2 to 3 times per day – predictably, patients given this treatment were often reduced to a vegetable, the whole as appears more fully from a copy of an extract from the book “Mind Control, World Control” published in 1997, produced herein as **Exhibit R-22**;
75. Cameron took existing techniques past the point of acceptability and, in so doing, endangered his patients’ lives and welfare;
76. Further, those in Cameron’s (and therefore McGill’s) employ were often unqualified to perform the tasks required of them, such as the technician Leonard Rubenstein who assumed medical responsibilities that were beyond his training. Cameron exhibited “impaired judgment by bringing in oddly assorted young men to assist in special projects. They proved to be indigestible people who, when the hypomanic flood ran out [Cameron’s leaving], were a stranded nuisance. More than one proved to be a psychopathic character for which he had unhappily a blind eye” (Exhibit R-16, page 96);
77. It is unsurprising that in terms of the staff who were actually performing the tasks required to carry out the Montreal Experiments (for example, admitting patients to the Montreal Experiments, monitoring, the administration of massive about of drugs, the administration of extremely high intensive ECT at unprecedented frequencies), half of Cameron’s student residents were on foreign student visas and could not afford not to comply (Exhibit R-16 page 129);
78. The Montreal Experiments consisted of obscene experimentation on disenfranchised, vulnerable, unknowing patients who were dehumanized for Cameron’s own self-promotion – Cameron was intentionally assaulting his patients’ physiological functioning to experiment whether new behaviours could be learned after they were reduced to an animal or vegetable state. Unsurprisingly, it did not and could not have worked – it is preposterous to assume that human beings who are broken down, disoriented, incoherent, and hallucinating could be capable of assimilating messages suggesting attitudinal or behavioural change;
79. In addition, the different combinations of the various barbiturates and sedatives and the amounts being administered, particularly so in combination with the prolonged sleep, carried serious physiological risks including allergic reactions (which would be left untreated), irreversible coma, circulatory and respiratory collapse, anoxia¹⁵ (insufficient oxygen reaching the brain), which could lead to brain damage, pneumonia, and low blood pressure;

¹⁵ One patient, Dr. Mary Morrow, who had been admitted to the Allan Memorial after she had applied for a fellowship and had appeared “nervous” to Cameron at the time, was subjected to 11 days of depatterning with Page-Russell ECTs and a variety of barbiturates which led to anoxia (lack of oxygen) – as is described more fully hereinbelow.



80. Cameron administered enormous amounts and combinations of drugs to his patients in the Montreal Experiments with no demonstration of any understanding of the side effects and no hypothesis that some of the behavioural symptoms were caused by the drugs. Such drugs included, but were not limited to: desoxyn, largactyl, LSD, mescaline, nitrous oxide, sparine, equanil, tuinal, insulin, pentothal, chlorpromazine, sernyl, thorzaine, PCP, seconal, pentobarbital, phenobarbital, amobarbital, nembutal, sodium amytal, curare, and artane;
81. Further, the experimentation with LSD posed serious dangers as its powerful hallucinogenic effects could produce adverse reactions, such as panic attacks, prolonged or irreversible psychotic crises and reactions, and this, in people who are ill-equipped to deal with such trauma¹⁶, the whole as appears more fully from a copy of the Government of Canada's webpage entitled "LSD" and from a copy of the Centre for Addiction and Control article entitled "LSD", produced herein *en l'asse* as **Exhibit R-23**;
82. Some patients were forced to wear football helmets that were wired to tape recorders which repeated a phrase for hours on end. Cameron used insulin, barbiturates and other drugs to induce coma-like states for weeks on end and played the taped message while the patients slept – many patients were left mentally scarred and incontinent and many suffered total amnesia;
83. The Montreal Experiments were housed in the Allan Memorial Institute, which was co-administered by the Royal Victoria Hospital and McGill from 1943 (when the Allan Memorial Institute was founded) to 1964, when Cameron left Canada;
84. The Montreal Experiments were funded by both the Canadian and American governments between 1950 and 1964 for a total amount of \$221,673.95 (approximately \$2,318,268.01 in 2018) as described hereinabove at paragraphs 16 to 22 (Exhibit R-5);
85. Neither Cameron, nor McGill or the hospital in which the Montreal Experiments were being conducted, nor the governmental entities that were funding them and who were receiving periodic reports, ever questioned the efficacy of these "treatments" despite the fact that depatterning and psychic driving had no psychological, physiological or therapeutic validity whatsoever;
86. In 1942, Scottish-born Cameron became an American citizen (he remained this nationality despite working in Canada for 28 years);

¹⁶ In October 1962, the Canadian Food and Drug Directorate announced that LSD was being withdrawn from distribution and Bill C4 was introduced in the legislature to ban its sale. LSD is currently a "Controlled Substance" under the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19, Schedule III 5).



(b) 1943 to 1950

87. In July of 1943, the Board of Governors of McGill University appointed Cameron as Professor of Psychiatry, Founding Director of the Allan Memorial Institute of Psychiatry¹⁷ and Chairman of the Department of Psychiatry of McGill to take effect as of September 1, 1943, the whole as appears more fully from a copy of the letter from McGill University to Cameron dated July 1, 1943 and from a copy of the Strategic Research Plan of the Department of Psychiatry of McGill University dated 2011, produced herein *en liasse* as **Exhibit R-24**;
88. In 1944, Cameron established a “Behavioural Laboratory” in the stables behind the Allan Memorial Institute;
89. In 1945, Cameron was invited by Allen Dulles (the then-head of the CIA) to the Nuremburg Trials to serve as a consultant to the International Military Tribunal in a psychiatric evaluation of Rudolph Hess, a German Nazi Deputy Führer who had conducted experiments on prisoners of war. Cameron was to help in evaluating whether Hess had the mental capacity to stand trial. The final assessment on Hess’ mental capacity was the following: “Rudolf Hess is not insane at the present time in the strictest sense of the word”, the whole as appears more fully from a copy of the Alliance for Human Research Protection (AHRP) article entitled “1940s: Dr. Ewen Cameron Collaborated with the U.S. Office of Special Services (OSS)” undated and from a copy of the American Psychiatric Association article entitled “Current Comment – Psychiatric Examination of Rudolf Hess” dated March 23, 1946, produced herein *en liasse* as **Exhibit R-25**;
90. The Nuremberg Trials included many allegations of unethical research on unconsenting subjects within the concentration camps – an experience which shaped his later work,
91. In 1947, the international standard for medical experimentation on humans had been set at the Nuremberg Trials for Nazi war criminals in the Nuremberg Code¹⁸. It provided that medical experiments should be for the good of mankind and that a person must give full and informed consent before being used as a subject – the first and most important tenet of the Nuremberg Code reads as follows:

“1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and

¹⁷ The Allan Memorial is named after Sir Hugh Allan, a Scottish-Canadian shipping magnate, financier and capitalist who built the mansion (Ravenscrag) that his son had donated to the Royal Victoria Hospital for use as a medical facility.

¹⁸ The Nuremberg Code (German: *Nürnberger Kodex*) is a set of research ethics principles for human experimentation created as a result of the Nuremberg trials at the end of the Second World War in 1947.



should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity."

The whole as appears more fully from a copy of the Nuremburg Code, produced herein as **Exhibit R-26**;

92. Cameron actively denounced the atrocities committed by the German doctors during the war, and supported the Nuremburg Code (Exhibit R-21);
93. In the late 1940s and early 1950s, Cameron began to propound the idea of mental illness as a social contagion and promoted eugenics theories in distinguishing between "the weak" and "the strong". Those with anxieties or insecurities and who had trouble with the state of the world were labelled as "the weak"; in Cameron's analysis, they could not cope with life and had to be isolated from society by "the strong". The mentally ill were thus labelled as not only sick, but also weak. Cameron further argued that "the weak" must not influence children and that experts should decide who can parent. He promoted a philosophy where chaos could be prevented by removing the weak from society and thus, preventing contagion. The described types would have to be eliminated from society if there was to be peace and progress. For Cameron, the sick were the viral infection to its stability and health. The described types were the enemies of society and life, the whole as appears more fully from pages 89 to 96 of the book "A Father, a Son and the CIA" dated 1988, produced herein as **Exhibit R-27**;

(c) 1951 to 1956

(i) The CIA, Dr. Donald O. Hebb, and Sensory Deprivation

94. On June 1, 1951, a secret high-level meeting between the CIA, Canada's Defence Research Board ("DRB"), and several scientists was held at the Ritz-Carlton hotel in Montreal. In attendance were 8 high-level officials, including 4 prominent Canadians; psychologist N.W. "Whit" Morton, Dr. Omond M. Solandt (chairman of the DRB), Dr. T.E. Dancey (psychiatrist from the Department of Veteran Affairs working at the Allan Memorial Institute), and Dr. Donald O. Hebb (Chairman of Psychology at McGill University); Sir Henry Tizard (U.K. Defence Research Policy



Committee); Dr. James Tyhurst (psychiatrist); and 2 CIA officials; Dr. Caryl Haskins and Commander R.J. Williams (who was likely with the CIA). The stated purpose of the meeting was the following:

“Research into the general phenomena indicated by such terms as – “confession,” “menticide,” “intervention in the individual mind,” – together with methods concerned in psychological coercion, change of opinions and attitude, etc.”

The whole as appears more fully from a copy of the minutes of the “Meeting at Ritz-Carleton Hotel, Montreal, June 1, 1951 and the handwritten note appended thereto, produced herein as **Exhibit R-28**;

95. During this meeting, CIA officials expressed a strong interest in sensory deprivation and mind-control experiments and asked for active support from both Canadian and American scientists (Exhibit R-3);
96. The minutes of this meeting (Exhibit R-28) reflect that Canada was to be a major brainwashing and mind-control research centre for the CIA;
97. In 1951, the DRB awarded a secret grant to Dr. Hebb at McGill University, under Contract DRB X38 for his project entitled “Experimental Studies in Change of Attitude” from 1951 to 1955, to undertake sensory deprivation research on animals and on “paid human subjects” (i.e. paid student volunteers). In total, Dr. Hebb received grants of \$21,250.00¹⁹ from the DRB for the first 2 years of research, the first grant being of \$5,000.00;
98. Dr. Hebb was experimenting using a semi-soundproof cubicle (8 by 4 by 6 feet) with an observation window so that researchers could monitor the subject inside. The cubicle contained a bed, a pillow, and an air conditioner. The students were made to wear translucent goggles to prevent visual stimulation and wore cardboard tubes from their elbow to past their fingertips. The students were remunerated with \$20.00²⁰ a day and were permitted to terminate the experiment at any time. Despite the sizable \$20.00 incentive to participate, at first, the subject that stayed the longest in the sensory deprivation chamber was of 3 hours;
99. Later on, another subject lasted 24 hours, and even more later on, subjects managed to stay in the chamber for 6 days, some of which reported visual and auditory hallucinations;
100. A 1952 classified report described the purpose of the experiments as to study “whether slight changes of attitude might be effected” by shorter periods of isolation intensified by “wearing (a) light-diffusing goggles, (b) earphones through which white noise may be constantly delivered ... and (c) cardboard tubes over his [the

¹⁹ Adjusted for inflation, \$21,250.00 in 1951 is equal to \$209,545.40 in 2018.

²⁰ Adjusted for inflation, \$20.00 in 1951 is equal to \$197.22 in 2018.



subject's] forearms so that his hands ... cannot be used for tactual perception of the environment;

101. These experiments uncovered the devastating psychological impact of sensory isolation. In a 1952 progress report to the DRB, the results indicated the following: "...The motivational disturbance is great and the intellectual efficiency is impaired." Among the 22 subjects "four remarked spontaneously that being in the apparatus was a form of torture". Despite these disturbing preliminary findings, the DRB approved a second \$10,000.00 grant to continue the research and no questions were asked (Exhibit R-3), the whole as appears more fully from a copy of the classified 1952 Annual Report for Contract DRB X38, Experimental studies of attitude, produced herein as **Exhibit R-29**;
102. In a December 1953 progress report, disturbing results were reported including the development of hallucinations – the sensory deprivation experiments were causing many healthy students to break down or hallucinate. Over the following 2 years, the DRB provided \$18,000.00 in grants (Exhibit R-3);
103. The final report in December 1955 indicated disturbances, "attacks of acute anxiety" – one became hysterical, one suffered an epileptic attack and the majority of the students described the experience as "a form of torture". Few of the young people could tolerate the isolation for more than 3 or 4 days, despite the fact that they were being paid \$20.00 a day – a considerable sum in the mid-1950s. (Exhibit R-3);
104. The details of these experiments were published in 1954 and another similar study was published in 1956 confirming similar results;

(ii) The Canadian Government's Funding of the Montreal Experiments

105. From 1950 to 1954, the Canadian Department of National Health and Welfare provided Cameron with a grant of \$17,875.00 (the equivalent of \$187,565.12 in 2018²¹) to support his so-called "Behavioural Laboratory" in the stables of the Allan Memorial Institute under Project No. 604-5-14. This grant funded several of his brainwashing studies, including sensory deprivation, psychic driving, electroshock, and the use of the male hormone testosterone on women patients (Exhibit R-3), the whole as appears more fully from a copy of the Final Report on Project No. 604-5-14, produced herein as **Exhibit R-30**;
106. Because the students at McGill were aware of the serious psychological effects of the sensory deprivation experiments (due to the previously conducted volunteer ones), Cameron was unable to find any volunteers willing to undergo his sensory deprivation experiments. He was equally unable to obtain his patients' cooperation (Exhibits R-3 and R-16 page 67);

²¹ Adjusted for inflation, \$17,875 in 1950 is equivalent in purchasing power to \$187,565.12 in 2018.



107. In the late 1940s, Cameron began the Montreal Experiments, which soon became outright brainwashing experiments whereby he indiscriminately attempted to erase his patients' minds and reprogram them. Cameron's assault on the personality developed unchecked by any ethical or moral concerns – under the guise of treatment, innocent and unwitting patients became victims of brainwashing research;
108. In a 1951 progress report on the "Behavioural Laboratory" to the Canadian Department of National Health and Welfare, Cameron reported that "disorganization accumulates with ECT" (Exhibit R-16 page 53);
109. In his 1953 progress report on the "Behavioural Laboratory" to the Canadian Department of National Health and Welfare, Cameron reported the results of his own isolation technique which he performed on patients at the Allan Memorial Institute – his technique involved the lowering of resistance to the psychic driving experiments. The report failed to mention a maximum time period for the psychic driving;
110. In 1953, a new pavilion was added to the Allan Memorial Institute, adding 50 beds to the existing 38 for a total of 88 beds (not including the 40 bed in the outpatient day centre) (Exhibit R-35);
111. Also in 1953, Cameron began experimenting with Psychic Driving (Exhibit R-16 page 47);
112. In 1955, Cameron presented his concept of Psychic Driving to the American Psychiatric Association in Atlantic City;
113. In 1956, Cameron published a major article on his technique of psychic driving in the American Journal of Psychiatry entitled "Psychic Driving". Most of the 15 patients who were involved in the study were diagnosed "neurotic" and all but one were women in their 30s and 40s. His technique, almost identical to the one that had been used at McGill on the voluntary students, consisted of severe restrictions of vision, hearing and touch. Talking was limited to 2 brief interviews a day with the researchers, and nurses were ordered not to talk to the patients. But unlike the McGill students, the patients at the Allan were forcibly isolated, and for longer periods 4, 5, and as many as 6 days in a row;
114. In his article (Exhibit R-3), Cameron described the Montreal Experiments as follows:
 - (a) Within the first 48 hours of isolation, most of the patients became disturbed, or "regressed" and more than half of them started hallucinating and experiencing intense "depersonalization". Two became overtly "psychotic" and were then subjected to electroshock to erase their "paranoid" or "obsessional" reactions;
 - (b) One patient, a 25-year-old man, began to panic on the fifth day of isolation:



I feel I am not here ... I am scared. I am in another world ... I am afraid
 I am not going to come back ... I feel like I am going out of this world ...
 I don't feel real.

- (c) In the article, Cameron also described the way he dealt with seven of his women patients who suffered from depression or “feelings of inadequacy” while being treated in the Allan. They were all subjected to intense psychic driving, for hours, and without their consent (Exhibit R-3);
 - (d) In the same article, Cameron proposed using even more drastic methods, including “prolonged sleep” with sodium amytal, combined with 10 to 15 days (10 to 20 hours a day) of psychic driving; psychological isolation, and hypnosis under the drug Desoxyn, an experimental amphetamine later taken off the market;
115. Cameron believed he had found an overall cure for mental instability in the technique he described as “psychic driving”. Patients’ troubled minds could be wiped clean of their neuroses and psychoses, or “depatterned,” he claimed, and new, healthier attitudes instilled with the use of endlessly repeated messages on tape recorders;
 116. Dr. Omond M. Solandt, chairman of the DRB, had become especially disturbed by the Montreal Experiments and did not wish to fund them due to ethics concerns, stating the following in an affidavit: “I knew of the experimental depatterning procedures used by D. Ewen Cameron. In the early 1950s, the wife of one of my associates sought medical treatment from Cameron at the Allan Memorial Institute. She was depatterned and after seeing her I knew that this kind of work was something the DRB would have no part in. It was my view at the time and continues to be that Cameron was not possessed of the necessary sense of humanity to be regarded as a good doctor” (Exhibit R-13);
 117. In the spring of 1956, the CIA’s “Project Monitor” and assistant to Dr. Gottlieb and Dr. Lashbrook, John W. Gittinger, learned of Cameron’s work from reading Cameron’s “Psychic Driving” article in the American Journal of Psychiatry and he instructed undercover CIA agent, Colonel James Monroe, who was the executive director of the Human Ecology Fund, to solicit a grant application from Cameron (pursuant to this request, Cameron applied for a grant to extend his experimentation, as described more fully hereinbelow), the whole as appears more fully from a copy of the Washington Post article entitled “Subproject 68: The Case Continues” dated October 27, 1985, produced herein as **Exhibit R-31**;
 118. A CIA-funded researcher in sensory deprivation, Maitland Baldwin, visited Cameron in Montreal shortly thereafter to discuss “isolation techniques” and as will be discussed below, 3 months later, a grant application was received by the Human Ecology Fund;



119. Prior to Cameron's grant application (Exhibit R-6), the financial commitment from the CIA was sufficiently firm such that Cameron offered Ed Levinson, an Allan Memorial resident, a research appointment on the Montreal Experiments in June of 1956 for \$7,000.00 – this indicates that the 1957 (discussed hereinbelow) was a mere formality and that Cameron had been guaranteed the funding prior to June 1956 (Exhibit R-16 pages 85-88);
120. Ultimately, Levinson refused Cameron's offer due to his disagreement with certain of Cameron's methods to subdue his patients to render them "receptive" to psychic driving, including the use of intramuscular injections of up to 150 mgs of curare in order to paralyze them. Levinson considered it to be dangerous and "not within the bounds of reasonableness" (Exhibit R-16 pages 85-88);

(d) 1957 to 1964

121. On January 21, 1957, Cameron applied to the Human Ecology Fund (a known CIA front) for further funding of the Montreal Experiments. The stated original general purposes of the Montreal Experiments were to study "the effects upon human behavior of the repetition of verbal signals" in order to change behaviors and to change physiological functioning ("psychic driving"). Specifically, Cameron stated the following in his "Application for Grant to Study the Effects Upon Human Behavior of the Repetition of Verbal Signals" (the "Grant Application") (Exhibit R-6 – 68-37):

"D. Our studies now turned to attempts to establish lasting changes in the patient's behavior, using verbal signals of a predetermined nature and of our own devising. After considerable experimentation, we have developed a procedure which in the most successful case has produced behavioral changes lasting up to two months. The procedure requires:

- i. The breaking down of ongoing; patterns of the patient's behavior by means of particularly intense electroshocks (depatterning).
- ii. The intensive repetition (16 hours a day for 6 or 7 days) of the prearranged verbal signal.
- iii. During this period of intensive repetition the patient is kept in partial sensory isolation.
- iv. Repression of the driving period is carried out by putting the patient, after the conclusion of the period, into continuous sleep for 7-10 days.
- v. Finally, in association with Dr. [deleted] we have sought to bring about physiological change by repetition of appropriate verbal signals. We have used the same technique as is outlined above for the production of behavioral change..."



122. Cameron was still looking for more efficient ways to immobilize or inactivate his patients during psychic driving. The Grant Application proposed further studies to: (i) “improve the technique of [psychic driving]” through the use of “chemical agents which will serve to break down the ongoing patterns of behavior”, through improving their methods of signal production, and through the development of “better methods of inactivating the patient during the period of driving (exposure to repetition), and at the same time maintain him at a higher level of activity, by physiological and chemical agents” including “Artane, Anectine, Bulbocapnine, Curare” and “LSD 25” and (ii) “to investigate the range of physiological functions which can be changed by these procedures” (Exhibit R-6 at 68-37);
123. This Grant Application shows, on its face, that the CIA funds would be used to conduct extremely dangerous brainwashing experiments. As Cameron’s assistant, Leonard Rubenstein had publicly admitted in the August 2, 1977 New York Times interview, the Montreal Experiments were “directly related to brainwashing...[t]hey had investigated brainwashing among soldiers who had been in Korea. We in Montreal started to use some [of these] techniques, brainwashing patients instead of using drugs”. And, this with no safeguards or risk assessment (Exhibit R-14);
124. The Grant Application requested a budget of \$19,090.00 per year over the period of 2 years at which point a further proposal would be made (equivalent to \$171,799.81 per year in 2018²²) (Exhibit R-6 at 68-37);
125. On February 26, 1957, 1 month after the Grant Application was sent out, the CIA approved it in a memorandum that simply repeats the Grant Application without any basis or explanation²³. Further grants were requested and authorized such that a total funding amount of \$59,467.54 CDN²⁴ was allotted to the Montreal Experiments for the period covering March 18, 1957 to June 30, 1960 (Exhibit R-6 at 68-1);
126. The CIA made no investigation of Cameron or the procedures proposed in the application before making the grant, despite the obvious dangers to the human beings who were to be experimented upon and despite the ease with which such an investigation could have been made (this will be discussed further in the Section IV. entitled the Defendants’ Fault hereinbelow);
127. After receiving the CIA funds, the “combination and degree” of Cameron’s behaviour research experiments intensified further, the whole as appears more fully from a copy of the Chicago Tribune article entitled “Brainwash Tests in ‘57 Haunt CIA” dated June 1, 1986, produced herein as **Exhibit R-32**;

²² Adjusted for inflation, \$19,090.00 in 1957 is equivalent in purchasing power to \$171,799.81 in 2018.

²³ Cameron’s Grant Application (Exhibit R-6) was accepted by Monroe at the Human Ecology Fund, by Gottlieb and designated as MKULTRA Subproject 68, with John Gittinger as project officer.

²⁴ The total amount was \$62,045.00 USD. Adjusted for inflation, \$59,467.54 in 1957 is equivalent in purchasing power to \$535,176.12 in 2018 (assuming that the whole amount was given in 1957).



128. The experiments Cameron carried out in the 1950s were published in Canadian and American medical journals between 1958 and 1961. Nevertheless, the Canadian government continued to support the “research”: from 1961 to 1964, a second grant of \$57,750.00 was awarded for more research into psychic driving;
129. In 1958, Cameron brought on a full-time psychologist, Laughlin Taylor, to do all psychic driving testing and to test patients before and after psychic driving to compare results. In reality, Taylor was only permitted to test short-term cases of psychic driving; i.e. 2 weeks; Cameron’s researching style involved a constant winnowing process whereby only those whose chances at improvement were the best ever reached Taylor (Exhibit R-16 pages 90-91);
130. Mr. Taylor had heard rumours about the depatterning, but never experienced it first-hand (Exhibit R-16 pages 90-93):
- “This was the first whisper in terms of what happened in the past. This massive ECT was going on ... patients had been given hundreds and were reduced to vegetables and were now in the Douglas. Everybody in the place talked about it.”
131. Cameron selected his candidates for psychic driving from the general patient population at the Allan Memorial Institute – including schizophrenics, depressives, neurotics, and alcoholics – there was no systematic selection of patients and no adherence to the scientific method;
132. From 1957 to 1960, Cameron’s techniques were further intensified by increasing the period of psychic driving to 16 hours per day for 20 to 30 days and patients were dosed with the drug Sernyl to “block sensory input and produced underactivity”. Sernyl is an extremely powerful drug used on animals as an antiseptic that produces “acute psychotic episodes and even the danger of chronic psychosis in humans” (Exhibit R-22);
133. Cameron stated in his paper “Psychic Driving” that “it was only common sense to see what would happen if the repetition was increased tenfold, a hundredfold, or even more. And eventually, our patients were listening to verbal signals we had set up ourselves on the basis of our knowledge of the patient, and listening from six in the morning until nine at night, day after day, and week after week.” Negative driving went on for up to 60 days; positive driving usually went on for longer, with one instance of 101 days noted in Cameron’s papers, the whole as appears more fully from a copy of Cameron’s article entitled “Adventures with Repetition: The Search for its Possibilities” dated 1965, produced herein as **Exhibit R-33**;
134. In a 1958 memo, Cameron noted that there were 3 methods of preparation to break down a patient’s defensive reaction to the psychic driving: (i) prolonged sleep and ECT, (ii) sleep used to reduce anxiety followed by sensory deprivation, (iii) sensory deprivation. After one test, Cameron noted that “although the patient was prepared by both prolonged sensory isolation (35 days) and by repeated



depatterning, and although she received 101 days of positive driving, no favourable results were obtained” (Exhibit R-16 page 94), the whole as appears more fully from a copy of the Nexus Magazine article entitled “A History of Secret CIA Mind Control Research” dated April/May 1992, produced herein as **Exhibit R-34**;

135. On April 12, 1960, Cameron wrote a letter to the Human Ecology Fund acknowledging his “great indebtedness” to the society, describing the assistance rendered by the society as “invaluable”, and expressing a “considerable sense of indebtedness” for the funding he had received (Exhibit R-6 – 68-16);

136. In 1960, the Minister of Health for Quebec formed the “Bédard Commission” in order to investigate the state of Quebec’s mental hospitals. After assessing all the psychiatric facilities in Quebec, the Bédard Commission noted that the Allan Memorial Institute used more electroshock than any other facility; in November 1960, 766 electroshock treatments were administered to a patient population of 100 and in 1961, 12,000 ECTs were administered to a patient population of approximately 1,000:

« L'électro-choc nous a paru être utilisé beaucoup plus que dans les autres hôpitaux étudiés. Ainsi, durant novembre 1960, 766 traitements à l'électro-choc ont été administrés aux patients de l'hôpital et du Centre de Jour, dont le nombre était d'environ 100. Un total de 12,000 électro-chocs ont été donnés en 1960. »

The whole as appears more fully from a copy of an extract from the Rapport de la Commission d'Étude des Hôpitaux Psychiatriques dated March 9, 1962, produced herein as **Exhibit R-35**;

137. The Bédard Commission also noted the following (Exhibit R-35):

- (a) That the average hospital stay was 6 weeks and the maximum stay was 1 year;
- (b) That alcoholics represented 20% of those hospitalized;
- (c) That there were twice as many females as males;
- (d) That about 50% of patients received psychotherapy and the others were receiving other forms of treatment such as ECT, medications, sleep treatment and light doses of insulin;
- (e) That the psychological department was particularly dedicated to research;
- (f) That the Allan Memorial Institute was receiving a disproportionate amount of funding from Dominion Mental Health Grants, but that Cameron had refused to surrender financial statements for scrutiny;



138. By 1963, Cameron admitted to taking a wrong turn during his research at a meeting of the American PsychoPathological Association (Exhibit R-33):

“At this point, as so often happens in a long research, we took a wrong turning and continued to walk without a glint of success for a long, long time. I won’t recount to you all the things we tried to do to stop the working of these mechanisms of defense against repetition. Let me simply say that we vastly increased the number of repetitions to which the individual was exposed, that we continued driving while the individual was asleep, while he was in chemical sleep, while he was awake but under hallucinogens, while he was under the influence of disinhibiting agents. We tried driving under hypnosis, immediately after electroshock, we tried innumerable combinations of voices, of timing and many other conditions, but we were never able to stop the mechanisms.

...

Amazing though it may sound, my colleagues and I—Dr. Levy, Dr. Ban and Mr. Rubenstein—found it was possible for the individual to be exposed to the repetition of verbal signals, such as I have described, a quarter to one-half million times and yet be unable to repeat these few short sentences at the end of this extraordinary large number of repetitions.

...

In our early experiments, we used the term ‘dynamic implant’ to denote the repetition material we used. Actually at this time we were implanting nothing.”

139. Cameron equally noted (Exhibit R-33):

“There seemed no answer to the question, so I repeated this procedure with all the other patients I had in psychotherapy and got much the same thing—discomfort, aversion, embarrassment and resentment. And indeed I even noticed in myself a reluctance to do this—I felt that I was being unkind, insensitive, imperceptive—that in a word one simply didn’t do this sort of thing to people. For these reasons, namely, the patient’s feelings and my own, I felt increasingly sure that there must be something of importance lying hidden.”

140. The final report of his project, “A Study of Factors Which Promote or Retard Personality Change in Individuals Exposed to Prolonged Repetition of Verbal Signals”, was submitted in 1965, and officially received and signed by various government officials in Canada (Exhibit R-3);

141. In August 1964, Cameron left Montreal and his successor, Robert Cleghorn, immediately ended the Montreal Experiments;



(e) The Aftermath

142. Cameron's successor (Cleghorn) commissioned a study of test the patients who had been depatterned and to ascertain the efficacy of the treatment. For 79 of Cameron's former patients who had been hospitalized from 1956 to 1963 and who had reached the 3rd stage of depatterning, it was discovered that 24% had relapsed following depatterning while still in the hospital, physical complications ranging from mild to severe were associated with treatment 23% of the cases and there were severe complications in 6%. 63% of 27 patients who had received intensive ECT showed permanent memory loss in terms of recalling past events, and that in 60% there was "a persisting amnesia retrograde to the 'depatterning' and ranging in time from six months to 10 years" was experienced. It was specifically noted that: "75 per cent of the sample demonstrate unsatisfactory or impoverished social adjustment" and that "a persisting amnesia retrograde to the 'depatterning' and ranging in time from six months to ten years is reported by 60 per cent of the respondents", the whole as appears more fully from a copy of the Canadian Psychiatric Association Journal article entitled "Intensive Electroconvulsive Therapy: a Follow-Up Study" dated 1967, produced herein as **Exhibit R-36**;
143. On September 8, 1967, Cameron died of a heart attack while mountain climbing in New York, the whole as appears more fully from a copy of the Scotsman article entitled "Stunning tale of brainwashing, the CIA and an unsuspecting Scots researcher" dated January 2, 2006, produced herein as **Exhibit R-37**;
144. Scientific documentation of the permanent brain damage caused by the depatterning procedure, particularly the electroshock, was finally revealed in 1967 – the year Cameron died (Exhibit R-3);
145. As to whether Cameron was aware of the CIA's involvement in the Montreal Experiments, no one has come forward to say for certain and it is the subject of conjecture. A polling of Cameron's colleagues revealed a 50/50 split on the issue. It was quite likely that he did know about the CIA's involvement in the Human Ecology Fund as he had a vast number of reliable political and academic contacts who may have told him and it also goes a long way in explaining his immense interest in the military applications of brainwashing (Exhibit R-16 pages 96 to 100);
146. After being subjected to the Montreal Experiments, many of Cameron's patients were left in a depleted mental and physical state, could not return to their lives, having lost their ability to function in society and within their families. As Dr. Paul Termanson expertly opined in the context of the Orlikow Litigation (described hereinbelow) "existence could best be termed marginal...He managed to function, work, and exist, but barely" (Exhibit R-22);
147. In most cases, the patients were permanently brain-damaged or psychologically shattered;



148. In one documented “success” of the Montreal Experiments, as noted by Cameron, described a patient who had lost all of his schizophrenic behaviours. But there was a price to pay, as the patient also experienced “complete amnesia for all events in his life”. Many of Cameron’s other patients shared a similar fate, the whole as appears more fully from a copy of the MTL Blog article entitled “The Secret Montreal Experiments They Don’t Want You To Know About”, produced herein as **Exhibit R-38**;
149. Unfortunately, Cameron succeeded only in destroying the complete memories and therefore the identities of many of his patients. Many lost all memory of their children, husbands, careers, past life and even how to perform daily tasks. He was never able to replace “bad” behaviour patterns with good ones;
150. Some examples of how the Montreal Experiments affected the patients are as follows (Exhibit R-38):
- (a) Gail Kastner, who received \$100,000 in reparations from a lawsuit against the CIA that was settled out of court, consistently had nightmares of a “tall man” giving her electroshocks. Originally inducted as a patient at the age of 19 for mild depression, Gail’s life afterwards was riddled with drug addiction problems, hospital visits, and irreparable brain damage;
 - (b) Esther Schrier, originally sent to the Allan Memorial Institute to deal with postpartum depression, lost her ability to be a mother after leaving Cameron’s care. Despite giving birth to a new baby, she was unable to care for the child, and only went on to lead a somewhat normal life thanks to the support of her husband and family;
 - (c) Bevan Weldon’s mother died in his arms, and the trauma affected him so deeply that he went to the Allan Memorial Institute to seek psychiatric treatment. Mr. Weldon experienced an entire dissociation of his former self afterwards. Kept in a coma for 21 days, Weldon lost the memory of his mother’s death, which never returned, even 50 years later. Cameron essentially took that part of Weldon’s life from him, because, as Weldon put it “life is memory”;
151. The cover up of the Montreal Experiments even remains today. For example, unsurprisingly, McGill fails to mention Cameron’s Montreal Experiments or involvement with Project MKULTRA on its official website, instead focusing only on his “high reputation in the psychiatric field”, the whole as appears more fully from a copy of an extract from McGill’s website at www.archives.mcgill.ca, produced herein as **Exhibit R-39**;
152. Class Members who did decide to investigate the matter were met with obstacles the whole way through. First, they would have to be able to identify themselves as having been part of the Montreal Experiments (i.e. if they did not experience complete amnesia relating to their stay at the Allan Memorial Institute).



Second, they would have to make a request and successfully gain access to remaining portions of their medical records (which were highly redacted, if received at all). Third, they would have to be able to face the prospect of a lawsuit despite their cognitive shortcomings and other remaining side effects of having undergone the Montreal experiments – all formidable tasks to overcome;

153. From the destruction of the MKULTRA files in 1973, to the signing of nondisclosure agreements upon settlement, the Montreal Experiments have remained in the dark;
154. Despite the lasting impact Cameron and the Montreal Experiments had on many Canadians, few Montrealers today even know that this occurred in the city. In fact, many believe the Montreal Experiments to be a myth (Exhibit R-38);
155. It took decades for Cameron's victims to speak about their experiences;
156. To borrow terminology, Montreal has seemingly "depatterned" its collective memory, choosing to not remember the events that took place at the Allan Memorial Institute from the 40s to the early 60s, under the leadership of Cameron. And it's not a surprise why – Montreal, and Canada as a whole, would rather place the Montreal Experiments in the realm of conspiracies, a mere tale that sounds too horrific to be true. Not all history is happy; however, and it is time that Montreal started recognizing what happened within the walls of the city all those years ago (Exhibit R-38);
157. It was not until the 1980s that some of Cameron's former patients began to come forward finally identifying themselves as having been subjected to the Montreal Experiments;
158. The patients who were alleged victims of Cameron's practices reported devastating mental and physical results for years to come. Many recounted extreme memory loss, feelings of isolation, anxiety, and no improvement of their initial conditions (Exhibit R-21);

III. A Selection of Relevant Litigation to Date

(a) The Morrow Litigation – Case No. 500-09-001247-782

159. In December 1959, Mary Morrow, a neurologist, approached Cameron for the purpose of obtaining a fellowship at the Royal Victoria Hospital and/or at the Allan Memorial Institute;
160. In April 1960, Dr. Morrow was admitted to the Royal Victoria Hospital suffering from severe weight loss, nervousness and tension – upon Cameron's recommendation, on May 6, 1960, she was admitted to the Allan Memorial Institute. Several doctors at the Allan Memorial Institute diagnosed her with schizophrenia;



161. From May 18 to May 28, 1960, Dr. Morrow was subjected to the Montreal Experiments; specifically, she was administered 11 Page-Russell ECTs (once per day) and a variety of barbiturates, specifically, Largactyl, Thorazine and anectine. The combination of these drugs produced brain anoxia (insufficient oxygen reaching the brain and on June 17, 1960, she was transferred at her family's insistence to the medical department of the Royal Victoria Hospital where she was diagnosed as suffering from acute laryngeal edema (a severe allergic reaction to the drugs she was administered);
162. In addition, Dr. Morrow's memory, recollection of faces, and perception of space were severely affected immediately following the treatments, but with the help of her family, she recovered these faculties with some marked residual impairment;
163. On September 13, 1967, Dr. Morrow brought an action for damages amounting to \$1,500,000.00 against the Royal Victoria Hospital and against Cameron's estate;
164. On September 18, 1978 (11 years later), the Superior Court dismissed the action and held that the medical treatments provided were required by her state of health and that they were appropriate in the circumstances in light of the evidence before it;
165. On appeal, in 1984, Dr. Morrow sought leave to introduce the new evidence of the CIA's funding of the Montreal Experiments and to amend her pleading to allege that "Cameron conducted experimentation of this kind on her and other patients without their knowledge or consent for reasons unrelated to their well-being but for the benefit of the C.I.A.";
166. On January 23, 1985, the Court of Appeal allowed the new evidence of CIA involvement in:

« [58] Ce que l'appelante désire alléguer et prouver, c'est la découverte plutôt récente, subséquente à l'inscription en appel qu'une agence gouvernementale américaine aurait subventionné l'intimé docteur Cameron aux fins d'une expérience particulière de thérapie sur un certain nombre de patients traités en vertu de ce plan. Les progrès de cette expérience devaient être rapportés régulièrement par l'intimé Cameron à ladite agence. L'Hôpital intimé aurait négligé aux périodes concernées de contrôler les activités médicales dans les lieux affectés aux patients.

[59] Le paragraphe 5 de la requête se lit ainsi :

« Until very recently, it was impossible for Appellant-Plaintiff-Petitioner to be aware of the existence of these new facts due to the following exceptional circumstances which were beyond her control and that of her representatives *[sic]*:



— The United States Central Intelligence Agency, known as the CIA, has recently admitted that it sent funds, in a covert manner, to Respondent-Defendant-Respondent, Dr. Ewen A. Cameron, to experiment at the Co-Respondent-Defendant-Respondent, The Royal Victoria Hospital, in a form of mind control therapy;

— Appellant-Plaintiff-Petitioner has since had the opportunity *[sic]* of taking cognizance of documents produced by the CIA under the U.S. Freedom of Information Act, which documents indicate that Dr. Cameron applied for and received funds for a project, that a series of patients would be treated under this plan and that progress reports were expected and agreed to at mutually accepted intervals;

— The Respondent-Defendant-Respondent, The Royal Victoria Hospital, has recently stated that, at all times relevant to the present litigation, there was an absence of control of the activities on its premises affecting its patients; » »

The whole as appears more fully from a copy of *Morrow c. Hôpital Royal Victoria*, 1985 CanLII 3025 (QC CA), produced herein as **Exhibit R-40**;

167. On December 12, 1989, Dr. Morrow's appeal was dismissed based primarily on their holding that (i) her diagnosis of schizophrenia was not negligent, (ii) the Page-Russel ECT use was not experimental, that as a doctor, Dr. Morrow was well-aware of it, and that the treatment had been discontinued before their full course (which would normally have been 30 to 60 treatments), (iii) despite that fact that the consent form that she had signed did not "in itself, establish that she was fully informed as to the treatments", the hospital notes indicated that Cameron had discussed the treatments with her and, particularly as she was a doctor herself, she was well-aware of the risks of ECT, (iv) she had already received \$40,000.00 US in the context of the Orlikow Lawsuit (discussed hereinbelow), (v) her treatment had been therapy, not experimentation despite the CIA involvement, the whole as appears more fully from a copy of *Morrow c. Hôpital royal Victoria*, 1989 CanLII 1297 (QC CA), produced herein as **Exhibit R-41**;

168. While this remains a final judgment, there are several points worth describing briefly: (i) Dr. Morrow's diagnosis as a schizophrenic at the Royal Victoria Hospital and subsequently at the Allan Memorial was common at the time as there was institution-wide, systemic and intentional diagnoses of schizophrenia in order to enlist more participants in the Montreal Experiments who would otherwise never have depatterning recommended for their various ailments, (ii) while it is true that the Page-Russell intensive ECT had been used, Cameron had further intensified it and used it more frequently beyond that of any other institution – the question should not have been whether Page-Russell ECT was acceptable, but rather, whether Cameron's version of Page-Russell was, (iii) the judgment was largely based on her heightened knowledge as a doctor herself, (iv) she had only undergone the Montreal Experiments for 11 days;



(b) *Central Intelligence Agency et al. v. Sims et al.*, 471 U.S. 159 (1985)

169. On August 22, 1977, John Sims (attorney) and Sidney M. Wolfe, M.D., the director of the Public Citizen Health Research Group, filed a request with the CIA seeking certain information about MKULTRA through the *Freedom of Information Act*, 5 U.S.C. s. 552 ("FOIA"). Sims and Wolfe sought the grant proposals and contracts awarded under the MKULTRA program and the names of the institutions and individuals that had performed research;
170. The CIA made available all MKULTRA grant proposals and contracts, but declined to disclose the names of all individual researchers and 21 institutions under exemption 3 of the FOIA and the *National Security Act of 1947*, 61 Stat. 498, 50 U.S.C. s. 403(d)(3), which provided that the CIA shall protect intelligence sources and methods from unauthorized disclosure";
171. Centering upon the proper meaning to be given to "intelligence sources and methods" the U.S. Supreme Court decided that the director of the CIA was authorized to withhold the identities of their researchers from disclosure, the whole as appears more fully from a copy of *Central Intelligence Agency et al. v. Sims et al.*, 471 U.S. 159 (1985), produced herein as **Exhibit R-42**;

(c) *United States v. Stanley*, 483 U.S. 669 (1987)

172. In February 1958, James B. Stanley, a master sergeant in the U.S. army, volunteered to participate in a program ostensibly designed to test the effectiveness of protective clothing and equipment as defenses against chemical warfare. Unbeknownst to him, he was secretly administered LSD in accordance with the Army plan to study the effects of the drug on human subjects;
173. As a result of the LSD exposure, Mr. Stanley suffered from hallucinations and periods of incoherence and memory loss, was impaired in his military performance, and would occasionally "awake from sleep at night and, without reason, violently beat his wife and children, later being unable to recall the entire incident." He was discharged from the Army in 1969 and 1 year later, his marriage dissolved due to these personality changes;
174. On December 10, 1975 (27 years later), Mr. Stanley received a letter from the Army soliciting his cooperation in a study of the long-term effects of LSD on "volunteers who participated" in the 1958 tests. This was the U.S. Government's first notification to Mr. Stanley that he had been given LSD back in 1958. Mr. Stanley subsequently filed suit against *inter alia*, Dr. Gottlieb and Mr. Helms, alleging negligence in the administration, supervision, and subsequent monitoring of the drug testing program;
175. Under the "Feres doctrine" the court concluded that Mr. Stanley was barred having been a serviceman at the time of the experiments and insulating the government from liability (simply put);



176. In the various dissent, the Nuremberg Code (Exhibit R-26) was referred to as “experimentation with unknowing human subjects is morally and legally unacceptable” and to say that “no judicially crafted rule should insulate from liability the involuntary and unknowing human experimentation alleged to have occurred in this case”, the whole as appears more fully from a copy of *United States v. Stanley*, 483 U.S. 669 (1987), produced herein as **Exhibit R-43**;

(d) *Orlikow v. The Royal Victoria Hospital*, 1979, (Superior Court, Case No. 500-05-006872-798

177. On November 7, 1956, Velma Orlikow, the wife of David Orlikow, a Winnipeg member of Parliament, was admitted to the Allan Memorial Institute to be treated for postpartum depression. Instead, she was forcibly subjected to the Montreal Experiments, the whole as appears more fully from a copy of the CBC News article entitled “‘She went away, hoping to get better’: Family remembers Winnipeg woman put through CIA-funded brainwashing” dated December 19, 2017, produced herein as **Exhibit R-44**;

178. In April 1979, Mrs. Orlikow filed suit in Quebec against the Royal Victoria Hospital seeking \$90,980.00 in damages consisting of the cost of medical expenses and \$50,000.00 for pain and suffering;

179. After the defendants’ motion to dismiss for prescription was rejected and all of the evidence was heard, the case was settled out of court for approximately \$50,000.00;

(e) *Orlikow v. United States*, Civil Action 80-3163 (JGP)

180. On December 11, 1980, Mrs. Orlikow filed suit against the CIA in Washington, D.C. seeking \$1 million in damages (the “Orlikow Lawsuit”);

181. Only 8 other plaintiffs joined the Orlikow Lawsuit and a 3-sided battle began between the plaintiffs, the U.S. government, and the Canadian government;

182. One central issue in the Orlikow Lawsuit was the U.S. government’s “Admissions of Culpability” or apologies:

(a) On September 26, 1977, John G. Hadwen, Director General of the Canadian Bureau of Security and Intelligence Liaison, received an apology for the CIA’s actions. Mr. Hadwen testified that the CIA official “expressed regret that this should have happened without the knowledge of the Canadian government” and “he expressed regret at the nature of the program”;

(b) On October 31, 1978, CIA counsel Allard wrote a memorandum containing the following admissions:

...the substantial funds flowing from this Agency to McGill in support of the project subsequent to 1956 would appear to preclude the



determination that this Agency was minimally involved within the meaning of the Department of Justice guidance on this point. The use of the drugs identified and 'particularly intensive electroshocks' as part of the methodology suggests that long-term after-effects may have been involved. Also, because the patients selected 'were almost entirely those suffering from extremely long-term and intractable psychoneurotic conditions' it is doubtful that any meaningful form of consent is involved in this case;

- (c) On October 11, 1979, General Counsel. Daniel B. Silver wrote counsel for plaintiffs that "the policy of CIA is not to shirk responsibility for the unfortunate acts that occurred in the course of the MKULTRA program", and that he found the experimental research conducted by Dr. Cameron "repugnant";
- (d) On January 9, 1983, Gittinger testified concerning the CIA involvement with Cameron as follows: "Now that was a foolish mistake. We shouldn't have done it ... as I said, "I'm sorry we did it. Because it turned out to be a terrible mistake". Gittinger concluded that if he had it to do over, "I would refuse to support him or be interested in him";
- (e) On December 13, 1983 former CIA Director Stansfield Turner testified that the MKULTRA program was "one of the kinds of errors that we must be sure to find a way to prevent recurring" and that the Montreal Experiments on unwitting individuals were unethical and left him "aghast" when he learned of those activities,

The whole as appears more fully from a copy of the Plaintiffs' Preliminary Pretrial Statement in *Orlikow et al. v. United States of America*, Civil Action No. 80-3163, produced herein as **Exhibit R-45**;

- 183. The issue of the apologies is detailed *inter alia* at pages 159 to 168 of Exhibit R-16 and at pages 226 to 233 of the book "In the Sleep Room" by Anne Collins, published in 1988, produced herein as **Exhibit R-46**;
- 184. The U.S. District Court held that the CIA was not entitled to immunity from liability for acts or omissions, such as negligent funding and supervision of experiments, the whole as appears more fully from a copy of *Orlikow v. United States*, 682 F. Supp. 77 (D.D.C. 1988), produced herein as **Exhibit R-47**;
- 185. In terms of arguments relating to prescription the Court held that (Exhibit R-47):

"Curiously, often a classic manifestation of people who are afflicted with certain psychotic disorders is the irrational fear that the CIA and FBI is conspiring to harm them. In this case, the CIA involvement is real and the covert nature of the involvement is not contested. Only causation is disputed. Where the alleged negligence caused the mental harm which affects a plaintiff's ability to function normally in life, in fairness to that plaintiff, the question of due diligence or when the claim accrues differs



from the case where the injury was not related to the plaintiff's cognitive functioning..."

186. In 1988, after the Orlikow Lawsuit had dragged on for years with CIA stonewalling and despite pleas by U.S. Senate members to settle the claims, settling in 1988 for the relatively modest sum of \$750,000.00, split among the remaining 8 plaintiffs. A total of US\$750,000.00 was awarded by the CIA in an out-of-court settlement after an 8-year battle (the maximum allowed under U.S. law at the time), the whole as appears more fully from a copy of the American Bar Association Journal article entitled "Beyond Nuremberg" dated March 1997, produced herein as **Exhibit R-48**;
187. In the context of the Orlikow Lawsuit, the CIA's defence strategy included that of publicly counterattacking the Canadian government for its funding of the Montreal Experiments. As one U.S. attorney told a Canadian reporter in Washington, "We're going to wrap the Canadian Government financing of Cameron right around their necks" (Exhibit R-13);
188. Although the Canadian's governmental funding of Cameron was a legally irrelevant defence in the Orlikow Lawsuit, it was politically devastating. As a result, in July 1985, the Canadian government commissioned a so-called "independent study" of the matter by former Conservative member of Parliament and current law partner of the cabinet minister, George Cooper, who conducted a circumscribed "investigation" and concluded that his clients, the Canadian government had no legal or moral responsibility for the Montreal Experiments, the whole as appears more fully from a copy of the "Opinion of George Cooper, Q.C., Regarding Canadian Government Funding of the Allan Memorial Institute in the 1950's and 1960's" transmitted on March 7, 1986 (the "Cooper Report"), produced herein as **Exhibit R-49**;
 - The Cooper Report (Exhibit R-49)
189. The Cooper Report, which was quoted in the context of the Orlikow Lawsuit as evidence, was neither independent nor a study, but instead, a 128-page opinion, which conveniently concluded not only that Canada was blameless, but that the CIA involvement with Cameron was a "red herring", a characterization that had been used in meetings between the CIA's lawyers and Cooper's aides, M.L. Jewett and Louis B.Z. Davis, who had spent a significant amount of time with the CIA earlier in the year (Exhibit R-13);
190. Confined by the limits of his mandate from the Canadian government, Mr. Cooper's conducted a limited investigation of the Canadian government's responsibility with respect to the Montreal Experiments, failing to interview any former patients, former nurses, psychologists or, in fact, anyone who was not a government employee:



“In accordance with that mandate, and apart from consultations with the three independent experts referred to later, I have confined my interviews to people having a past or present connection with the Government.

...

Thus, I have made no enquiries of (for example) former patients or staff at the AMI at the time when Dr. Cameron was there, and it is of course possible that new facts might come to light from that source... I have seen no medical records of patients at the Allan.”

191. The Cooper Report erroneously concluded that the Montreal Experiments were standard at the time in that “none of the foregoing psychiatric procedures were pioneered at the Allan, and none were unique to it”. This conclusion is false for *inter alia* the following reasons:

- 1) Depatterning and ECT was prescribed elsewhere as a last-stage treatment for schizophrenic or other severely disturbed patients for whom nothing else had worked – Cameron was using these as an indiscriminate front-line treatment;
- 2) While ECT, insulin comas, use of barbiturates and amphetamines were employed by others at the time, no one else had used all of these in combination to depattern patients; i.e. psychic driving and sensory isolation were not used together in any other centre in the world and Mr. Cooper admits that “the use in combination of the techniques of depatterning, psychic driving, sensory isolation, sleep therapy and drugs appears to be unique to the Allan”;
- 3) The Montreal Experiments went further than anywhere else in the western world; Mr. Cooper admitted that “psychic driving and depatterning were developed further and continued longer at the Allan than elsewhere...Cameron took hold of this idea and developed it much further than psychiatrists in the mainstream of European and North American practice. His idea was to break up the brain pathways through the highly disruptive application of massive electroshocks, many times the number of shocks in a normal ECT treatment - two times a day, as opposed to three times a week” and “In depatterning, the patient would be subjected to massive electroshock treatments - sometimes up to twenty or thirty times as intense as the “normal” course of electro convulsive therapy (ECT) treatments. At the end of up to 30 days of treatment - up to 60 treatments at the rate of two per day- the patient’s mind would be more or less in a childlike and unconcerned state”;
- 4) Regressive shock treatment was not a generally-accepted treatment;



- 5) LSD had been experimented elsewhere, but not in combination with all of these other drugs;
 - 6) Sleep treatment had been used in the USSR and in a few places in Europe, but not for such prolonged periods of time and not in combination with these other approaches;
 - 7) Nowhere else in the world was sensory deprivation used as treatment other than at the Allan Memorial Institute;
 - 8) Cooper's comparison of psychic driving to "remothering" is incorrect as remothering involved sensory isolation followed by extreme amounts of nurturing and attention (patients were allowed to leave at any time), whereas the Montreal Experiments involved sensory isolation followed by and/or concurrent with psychic driving – repetition of driving messages;
 - 9) Cameron's patients were kept in isolation far longer than the 16 days that Cooper suggested;
192. The Montreal Experiments were a far cry from any reasonable treatment for any ailment, let alone those supposed ailments that Cameron's patients had and can only be compared with interrogation techniques on prisoners of war;
193. Because of the lack of evidence, Mr. Cooper relied on Cameron's published papers on his techniques, a situation not without inherent bias;
194. The Cooper Report stated: "On the practical side, and judging by the standards of today, most psychiatrists would conclude that depatterning was a failure not only in terms of its efficacy as a medical treatment, but also in that it represented a level of assault on the brain that was not justifiable even by the standards of the time and even in light of the rather rudimentary level of scientific and medical knowledge of those days compared to today";
195. The Cooper Report concludes that Cameron was a "good doctor", but a poor researcher led into serious error; however, this is nonsensical as a good doctor does not ignore the work being done in his field and place his patients at risk. Further, the Cooper Report propounds the idea that the patients were voluntary; however, they were voluntary patients, not voluntary test subjects in research experiments;
196. The Cooper Report admits that Cameron's methods "were not based on sound principles of science and medicine" and that depatterning "represented a level of assault on the brain that was not justifiable even by the standards of the time and even in light of the rather rudimentary level of scientific and medical knowledge of those days compared to today", but still maintained that Cameron had done nothing wrong. Without interviewing any of the plaintiffs in the U.S. litigation, their families or their attorneys or even reviewing their medical records, the report announced there was probably little if any lasting harm to the victims. The report



reproduced the CIA's principal defences, now as the "independent" conclusions of an official Canadian government investigation. The Cooper Report was a complete whitewash (Exhibit R-13);

197. The Cooper Report states that according to Robert Cleghorn, Cameron's successor, he did not personally know of any "patient of whom it be said with *certainty* that they were worse off because of the depatterning procedures than they otherwise would have been", which is patently untrue and in direct contravention of the follow-up study that he had ordered that had concluded otherwise (see Exhibit R-36);
198. In addition, the Cooper Report was compiled and written by Canadian Justice Department attorneys, whose mandate was to defend Canada against claims of liability based on its involvement with Cameron. Far from being "independent", a more apparent conflict of interest is hard to imagine;
199. The Cooper Report is nothing more than a biased legal overview lacking in authority or information;
200. Of course, the medical profession has since rejected all of Cameron's work in this area; it was never again used at the Allan Memorial Institute or anywhere else in the world;
201. In a memorandum from Mr. Cooper to the Canadian Government, Mr. Cooper proposed an *ex gratia* maximum payment of \$100,000.00, conditional on the signing of a release:

As a final consideration on this point, it is well to remind oneself again of the precedent value of any *ex gratia* compensation payment for medical misadventure. Unless some limit is set, funding for future medical research would be rendered more uncertain than it would be in the absence of a maximum limit. And if that limit is kept at a relatively modest level (such as \$100,000 in 1978 dollars), the "chilling effect" would presumably be kept to a minimum.

The whole as appears more fully from a copy of the Memorandum on Compensation in the Absence of Legal or Moral Responsibility from Mr. Cooper to the Hon. John C. Crosbie, P.C., Q.C., M.P. undated, produced herein as **Exhibit R-50**;

- The Canadian Government's Response – The Allan Memorial Institute Depatterned Persons Assistance Plan

202. Following by the U.S. as well as an impetus by the public to acknowledge the harms done, on November 16, 1992, the Canadian government launched "The Allan Memorial Institute Depatterned Persons Assistance Plan" for "compassionate and humanitarian reasons", the whole as appears more fully from a copy of the Order Respecting Ex Gratia Payments to Persons Depatterned at



the Allan Memorial Institute Between 1950 and 1965, dated November 16, 1992 and from a copy of an extract from the Government of Canada website at www.justice.gc.ca, produced herein *en liasse* as **Exhibit R-51**;

203. The Order Respecting Ex Gratia Payments to Persons Depatterned at the Allan Memorial Institute Between 1950 and 1965 (the “AMI – Depatterned Persons Assistance Order” and Exhibit R-50) authorized the Minister to “make an ex gratia payment of \$100,000.00 to any “depatterned person”:

- (a) who is a permanent resident of Canada and is alive at the time of the payment;
- (b) who has signed a waiver protecting Her Majesty in right of Canada and the Royal Victoria Hospital against court action; and
- (c) who has withdrawn any court action against Her Majesty in right of Canada;

204. In order to receive this compensation, former patients had to sign a release form which contained the following release in relation to Defendants Royal Victoria Hospital and AG Canada:

“I...do hereby release, acquit and forever discharge and by this Release do for myself, my heirs, executors, administrators, successors and assigns RELEASE AND DISCHARGE Her Majesty the Queen in right of Canada and Her Ministers of Justice, National Defence and Health and Welfare, their officers, servants and employees and their heirs, executors, administrators, successors and assigns and the Royal Victoria Hospital (the “releasees”) from any and all actions, causes of actions, claims and demands whatsoever...arising from depatterning treatment of the releasor at the Allan Memorial Institute of the Royal Victoria Hospital at Montréal, Québec.”

The whole as appears more fully from a copy of a Release Form, produced herein as **Exhibit R-52**;

205. The AMI – Depatterned Persons Assistance Order provided \$100,000.00 to an estimated 77 former patients, but hundreds more who applied were rejected because the government said that they had not been “de-patterned” enough to warrant compensation, the whole as appears more fully from a copy of The Guardian article entitled “The toxic legacy of Canada’s CIA brainwashing experiments: ‘They strip you of your soul’” dated May 3, 2018, from a copy of the CBC News article entitled “Federal government quietly compensates daughter of brainwashing experiments victim” dated October 26, 2017, and from a copy of The New York Times article entitled “Canada Will Pay 50’s Test Victims” dated November 19, 1992, produced herein *en liasse* as **Exhibit R-53**;

206. Gail Kastner, who had been subjected to the Montreal Experiments, was denied the compensation as it was determined that she had not been “subjected to depatterning as defined in the Order...the evidence does not indicate that you were



subjected to sleep therapy and/or depatterning... there is no evidence that the treatment you received reduced your mind to a childlike state". However, the record indicates that she had been hospitalized at the Allan Memorial Institute and had "received 43 electroshock treatments, four of which were Page-Russells, each of which was six times more intense than a regular electroshock treatment, for an actual total of 63 electroshock treatments. She was also subjected to insulin comas", the whole as appears more fully from a copy of *Kastner v. Canada (Attorney General)*, 2004 FC 773, produced herein as **Exhibit R-54**;

207. Janine Huard, who had been subjected to the Montreal Experiments, was denied the compensation as it was determined that her "medical treatments...did not meet the conditions stated in the Order". Ms. Huard filed a class action for judicial review against this decision and proposed to act as representative of a group of former patients whose application were also denied, the whole as appears more fully from a copy of *Huard v. Canada (Attorney General)*, 2007 FC 195, produced herein as **Exhibit R-55**;

208. In this context, the Federal Court ruled that (Exhibit R-55):

"[20] ... Dr. Cameron went much further than other physicians with experimentation and use of these methods, ultimately developing a therapy consisting of depatterning and/or psychic driving treatments, whether or not combined with electroconvulsive therapy. Additionally, narcotherapy was used by Dr. Cameron to induce a prolonged state of artificial sleep in the patient to prepare the latter mentally for either of the two treatment phases previously described (depatterning and repatterning).

...

[64] In closing, the Cooper report, relying on the opinions of various expert witnesses, supports a conclusion here that Dr. Cameron's theory and methods are today completely discredited in scientific circles. Further, the respondent did not dispute the fact that the administration of full or substantial depatterning and/or psychic driving treatment described above could occasion permanent damage to the patient's memory and other mental faculties.

[65] Once again, in my opinion, there is no doubt that, even by the standards of the time, the depatterning and/or psychic driving treatments described above were an unwarranted trespass to the person. It can also be assumed that Dr. Cameron's patients were in a condition of vulnerability and could not give [translation] "informed" consent to the administration of the depatterning and/or psychic driving treatments described above. There is no evidence in the record to indicate that Dr. Cameron explained the experimental nature of his [translation] "therapy" to the applicant, and at this stage I accept the general allegation by the



applicant in her affidavit that, at that time, she could not give informed consent to the administration of such treatments.

...

[71] In the case at bar, the parties did not agree on the scope of the phrase "full or substantial depatterning treatment". The applicant submitted in this connection that the federal board's decisions were unreasonable, which the respondent of course disputed. At this stage, it is only necessary to determine whether the applicant has an "arguable case". I conclude that she does."

209. In 2004, after a protracted legal battle, a judge ruled that a further 250 victims, many deceased, would be allowed to seek compensation from the Canadian government (Exhibit R-37);

IV. The Defendants' Fault

210. The Defendants had a duty to the Applicant and to the Class Members to abide by the rules of conduct, usage or law to ensure that patients at the Allan Memorial Institute were not experimented on without their informed consent and even had such consent been obtained (which it was not), that they were not experimented on with hazardous treatments that had no therapeutic benefit (as the Cooper Report (Exhibit R-49) stated "Cameron's depatterning, psychic driving and related procedures were not based on sound principles of science or medicine... Even when judged by the knowledge and standards of the day, it is now seen that the theoretical foundation for Dr. Cameron's work was very weak");
211. The Defendants had a duty to the Applicant and to the Class Members to (i) exercise reasonable care in their supervision and control of Cameron, (ii) ensure that research that they were funding or housing was not hazardous to human life and being performed in accordance with generally-accepted medical principles (including informed consent), (iii) ensure that they were not funding or housing and thus enabling, medical malpractice, assault, battery, false imprisonment, intentional or negligent infliction of emotional distress, and/or breaches of basic human rights;
212. While, at the time, no statutory code yet existed governing experimentation on human beings, the Nuremberg Code had been adopted in 1947 to specifically serve as a basis for judging the conduct of physicians and which was drafted by the experts in the field to incorporate the ethical standards and legal requirements as recognized by the profession and the courts of the western hemisphere;
213. These basic principles, to be observed by those who choose to follow novel and untried procedures and use new and untried drugs on human beings were generally accepted, collective moral standards of the community as revealed by the Canadian Medical Association's Code of Ethics and Professionalism at the time (which was largely based on that of the American Medical Association);



214. In a survey of legal literature published at the time, Irving Ladimer, J.D. wrote:

For any legal process, a reasonable consensus can be found containing the elements of a professional ethical code as a basis for considering liability or justification in fact situations involving research on human beings.

215. The fundamental legal premise at hand is the basic concept that the right of man to be free from tort upon his person is inviolable. This assures a right of freedom from unjustified assault upon his person to every human being. This then requires that when any person is subjected to medical treatment, the procedures adopted and the medication used must be justified and proper in the particular circumstances under which the treatment is given, the whole as appears more fully from a copy of the article entitled “Legal Considerations in Experimental Design in Testing New Drugs on Humans” dated April 1963, produced herein as **Exhibit R-56**;

216. The Montreal Experiments and the resulting injuries and damages were caused by the faults of the Defendants themselves, as well as, their agents or servants, for whose actions, omissions and negligence they are responsible, the particulars of which include, but are not limited to the following:

(a) In regard to The Royal Victoria Hospital and McGill – the Locus Defendants

217. From 1943 to 1964, the Locus Defendants participated in, knew about or were willfully blind to, approved, oversaw, monitored, encouraged, supported, directed, and/or aided and abetted the inception of, the growth of, and the continuation of the Montreal Experiments in the following manner, systemic or otherwise. The Montreal Experiments were performed systemically by not only Cameron, but by doctors, nurses, orderlies, technicians, and other staff at the Allan Memorial Institute:

- a) They failed and/or neglected to take reasonable care to hire a safe and qualified doctor to direct the treatments at the Allan Memorial Institute, that would have adequately staffed the hospital to ensure safety, and would not have performed hazardous experiments on the patients without their informed consent;
- b) They contributed personnel, equipment, and supplies to the Montreal Experiments;
- c) They failed and/or neglected to protect Class Members from, and instead exposed Class Members to, an unreasonable risk of harm;
- d) They failed to protect Class Members from unethical, intentional, and negligent conduct that was causing actual harm to Class Members;



- e) They allowed the Montreal Experiments to occur and to continue despite knowing that they involved non-therapeutic human experimentation that was harming and/or likely to harm Class Members;
- f) They failed and/or neglected to take reasonable care to properly supervise and exercise appropriate control over the treatments at the Allan Memorial Institute;
- g) They failed and/or neglected to abide by commonly used review procedures;
- h) The Royal Victoria Hospital stated that there was an absence of control of the activities on its premises affecting its patients (as admitted in the context of the Morrow Litigation (Exhibits R-38 and 39));
- i) They failed and/or neglected to take reasonable care to ensure that patients at the Allan Memorial Institute were not being experimented on without their informed consent obtained after being explained of the fact of experimentation, its general nature, and the likely hazards which may be encountered;
- j) They failed and/or neglected to ensure that Class Members were informed of the nature of the Montreal Experiments in which they were unwittingly participating, of the risks of participation, and of the alternatives to participation;
- k) They failed and/or neglected to take reasonable care to ensure that patients' families were informed of the fact of experimentation, its general nature, and the likely hazards which may be encountered;
- l) They failed and/or neglected to take reasonable care to ensure that patients undergoing the Montreal Experiments were able to indicate their unwillingness to continue the treatments;
- m) They failed and/or neglected to take reasonable care to ensure that hazardous experiments were not being performed on the patients at the Allan Memorial Institute;
- n) They failed and/or neglected to take reasonable care to ensure that the treatments would be discontinued when side effects occurred such as amnesia and impaired cognitive functioning;
- o) They failed and/or neglected to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment;



- p) They failed and/or neglected to take reasonable care to visit the Allan Memorial Institute and/or to inquire about the treatments being performed there;
- q) They aided and abetted the commission of assault, battery, false imprisonment, and intentional or negligent infliction of emotional distress;
- r) They aided and abetted breaches of the *Quebec Charter of Rights and Freedoms* (specifically ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the *Universal Declaration of Human Rights* (specifically, ss. 1, 3, 5, and 18), and *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11);
- s) They failed and/or neglected to inquire about/stop the Montreal Experiments from being performed and/or to identify the serious risks involved when they ought reasonably to have done so, and they failed and/or neglected to prevent the Montreal Experiments from occurring;
- t) They failed and/or neglected to promulgate, implement and enforce adequate rules and regulations pertaining to the safety of the patients at the Allan Memorial Institute and in accordance with generally-accepted medical practice;
- u) They allowed the Montreal Experiments to be performed, when, by the use of a reasonable effort, they could have prevented them, terminated them and/or limited their intensity and/or the scope of damage resulting therefrom;

(b) In regard to AG Canada and the US AG – the Governmental Funding Defendants

218. From 1950 to 1964, Defendant AG Canada and, from 1957 to 1960, Defendant US AG, participated in, knew about, approved and recommended for funding, oversaw, monitored, encouraged, directed, and aided and abetted the inception of, the growth of, and/or the continuation of the Montreal Experiments in the following manner:

- a) They failed and/or neglected to take reasonable care to properly supervise and exercise appropriate control over the treatments at the Allan Memorial Institute;
- b) They failed in their duties to not fund hazardous experiments and/or medical malpractice;
- c) They approved or authorized, and re-approved or re-authorized the Montreal Experiments;



- d) They approved or authorized, and re-approved or re-authorized the funding of the Montreal Experiments and/or caused the Montreal Experiments to be funded;
- e) They allowed the Montreal Experiments to occur and/or to continue despite knowing that they involved non-therapeutic human experimentation that was harming and/or likely to harm Class Members;
- f) They failed and/or neglected to investigate Cameron's reputation to determine whether he had the particular competence and skill required for human subject experimentation or research;
- g) They concealed the Montreal Experiments while they were occurring and after they had terminated;
- h) They failed and/or neglected to protect Class Members from, and instead exposed Class Members to, an unreasonable risk of harm;
- i) They failed to protect Class Members from unethical, intentional, and negligent conduct that was causing actual harm to Class Members;
- j) They failed and/or neglected to take reasonable care to ensure that patients at the Allan Memorial Institute were not being experimented on without their informed consent obtained after being explained of the fact of experimentation, its general nature, and the likely hazards which may be encountered;
- k) They failed and/or neglected to ensure that Class Members were informed of the nature of the Montreal Experiments in which they were unwittingly participating, of the risks of participation, and of the alternatives to participation; The CIA failed and/or neglected to issue proper instructions to Cameron;
- l) They failed and/or neglected to warn Cameron of known dangers associated with the experimental procedures it funded;
- m) They failed and/or neglected to specify appropriate precautions when it funded Cameron;
- n) They failed and/or neglected to ensure that Cameron, who was engaged in peculiarly dangerous activities, take steps to prevent harm to Class Members;
- o) They failed and/or neglected to make a provision at any time to ensure that the experimentation was safe;
- p) They failed and/or neglected to assure that the procedures which it funded did not depart radically from accepted methods of treatment;



- q) They failed and/or neglected to assure that the procedures which it funded were not untested and would not be injurious to Class Members;
- r) They failed and/or neglected to assure that Cameron would obtain Class Members' voluntary consent to the use of experimental and research procedures or to make a provision at any time to ensure that only consenting volunteers were used as experimental subjects;
- s) They failed and/or neglected to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment;
- t) They failed and/or neglected to adhere to medical, scientific and professional standards in funding the Montreal Experiments;
- u) They failed and/or neglected to exercise due care in its selection of Cameron;
- v) They allowed the Montreal Experiments to be performed, when, by the use of a reasonable effort, they could have prevented them, terminated them and/or limited their intensity and/or the scope of damage resulting therefrom;
- w) They failed and/or neglected to abide by commonly used review procedures;
- x) They aided and abetted the commission of assault, battery, false imprisonment, intentional or negligent infliction of emotional distress;
- y) They aided and abetted breaches of the *Quebec Charter of Rights and Freedoms* (specifically ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the *Universal Declaration of Human Rights* (specifically, ss. 1, 3, 5, and 18), and *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11);
- z) They failed and/or neglected to investigate Cameron or the procedures proposed before authorizing the grants despite the obvious dangers to the human beings who were to be experimented upon with funds and despite the ease with which such an investigation could have been made:
 - Both the Canadian Government and the CIA were in close touch with Dr. Omond M. Solandt, Chairman of the DRB from 1947 to 1956; yet they never sought his opinion on Cameron's competence, the depatterning and other experimental procedures used by Cameron, or whether it was appropriate to fund the experimental procedures used by Cameron;
 - Both the Canadian Government and the CIA were also in close touch with Dr. Donald O. Hebb, Chairman of the Psychology Department of McGill University, who had worked closely with Canadian and U.S.



intelligence and actually received special CIA security clearance in the early 1960s. Dr. Hebb had voiced “a very low opinion” of Cameron and his “prudence” in dealing with experimental subjects;

- Casual inquiries of those in Montreal who knew of the controversial Montreal Experiments would have revealed the risks of injury and averted the tragic events that its funded caused and/or exacerbated;
- aa) The CIA failed and/or neglected to present the Grant Application to the CIA Medical Staff despite the explicit criticism from the CIA General Counsel after the Olson death for not having done so (Exhibit R-13). Dr. Edward Gunn, former Chief of the CIA’s Medical Staff testified to having been wholly excluded from the MKULTRA program at the 1975 Senate Hearings (Exhibit R-43);
- bb) The CIA failed and/or neglected to supervise and control Dr. Sidney Gottlieb, Robert Lashbrook, John Gittinger, and other CIA employees and agents responsible for the Montreal Experiments;
- cc) Canada AG failed and/or neglected to supervise and control its employees and agents responsible for the Montreal Experiments;
- dd) The Canadian Government and the CIA officers responsible for the Montreal Experiments failed and/or neglected to supervise the experimentation in any way;
- Project Monitor Gittinger testified that he never saw a report from Cameron, that he never visited Cameron in Montreal, and that he never asked Monroe to report to him on what Cameron was doing, yet nonetheless certified the progress as “satisfactory” on the basis that they were given “word that they were having no problems” (Exhibit R-45);
 - Gottlieb “did not know anything about” the Montreal Experiments or what the experimental subjects were told. He had no recollection of anyone in the CIA telling him the details of the Montreal Experiments including the intensive ECT, LSD, sensory deprivation, depatterning, psychic driving, or prolonged drug-induced sleep (Exhibit R-45);
219. The Montreal Experiments and the resulting injuries to Class Members were caused by the Defendants. The Defendants knew or should have known about the treatments being performed at the Allan Memorial Institute on unwitting patients and of the fact that the Montreal Experiments were being performed as a front-line treatment on patients who had little to no mental disturbance to even hypothetically merit such draconian measures;



220. The Defendants knowingly endangered the safety of the patients at the Allan Memorial Institute and, in so doing, harmed those who were subjected to the Montreal Experiments and all those who loved them;

V. Conclusory Remarks

221. Although standards for medical experimentation had been clearly delineated at Nuremberg in 1947, specifically requiring voluntary informed consent as a basic principle, the patients at the Allan Memorial Institute were not informed about what treatment they would be receiving, did not sign consent forms, and in most cases were wholly unaware of what they were getting into;

222. By the 1950s it was clearly irresponsible for a physician to conduct experiments upon patients without obtaining their voluntary consent to be research subjects;

223. As Dr. Hebb stated in an interview shortly before his death (Exhibit R-13):

“Cameron’s experiments were done without the patient’s consent. Cameron was irresponsible -- criminally stupid, in that there was no reason to expect that he would get any results from the experiments. Anyone with any appreciation of the complexity of the human mind would not expect that you could erase an adult mind and then add things back with this stupid psychic driving. He wanted to make a name for himself - so he threw his cap over the windmill....

Cameron stuck to the conventional experiments and paper writing for most of his life but then he wanted that breakthrough. That was Cameron’s fatal flaw - he wasn’t so much driven with wanting to know - he was driven with wanting to be important – to make that breakthrough - it made him a bad scientist. He was criminally stupid.”

224. Not only did the Montreal Experiments have no therapeutic value, but they were in violation of the accepted standards of medical experimentation at the time as formulated in the Nuremberg Code and in the Charter of the United Nations;

225. It has been over 50 years since the Montreal Experiments and the Canadian Psychiatric Association and the American Psychiatric Association remain silent, still refusing to acknowledge that one of its leaders planned and conducted some of the most unethical, dehumanizing, and destructive experiments, which can only be compared to the medical torture carried out in the concentration camps of Nazi Germany;

226. This collective silence has been termed by the eminent psychiatrist Robert Lifton as part of a “Faustian bargain” whereby, in this case, through silence, ethical “numbing”, and over time, “historical amnesia”, the unethical and torturous practices get swept under the rug, (Exhibit R-4);



227. At the Joint Hearing Before the Select Committee on Intelligence and the Subcommittee on Health and Scientific Research of the Committee on Human Resources United States Senate in 1977 (Exhibit R-8), Senator Kennedy stated the following:

“The Central Intelligence Agency drugged American citizens without their knowledge or consent. It used university facilities and personnel without their knowledge. It funded leading researchers, often without their knowledge.

These institutes, these individuals, have a right to know who they are and how and when they were used.”

228. Despite these promises, the CIA failed to notify any Class Members of their unwitting participation in the Montreal Experiments;

229. The lawsuits were an important victory in the public acknowledgement of the personal damages that resulted from the Montreal Experiments; however, the incident was largely swept under the rug, without being thoroughly recognized by McGill, the Royal Victoria Hospital, the Canadian government or the United States Government (Exhibit R-21);

230. As for Cameron’s treatment of his patients, Dr. Lifton stated in an affidavit for the plaintiffs in the U.S. litigation that his depatterning experiments had “deviated from standard and customary psychiatric therapies in use during the 1950s” and instead “represent a mechanized extension of ... brainwashing methods” (Exhibit R-4);

231. The Montreal Experiments could not have been conducted and, could not have continued for so long, had it not been for the governmental funding, for their explicit and/or implicit approval by the Royal Victoria Hospital and McGill, for the complete lack of regulatory oversight, for the stigma associated with mental illness (which still exists today), and for the degree of trust patients and their families placed in the paternalistic medical profession and in its institutions. Perhaps at its core, it was the dreadful side effects of the experiments themselves on the patients and on their families, including amnesia, impaired cognitive functioning, chronic organic brain syndrome, extreme passivity, delusions, profound sense of helplessness, inability to act, mood swings, incapacitation, shame, self-blame and feelings of guilt, paranoia, embarrassment, and fear that rendered it impossible to report the Montreal Experiments to the authorities;

232. Cameron never discussed the details of the Montreal Experiments or the effects of the drugs with his patients or with their families (Exhibit R-32);

233. Worse yet, one of the methods by which Cameron reinforced the sense of helplessness and dependency into his patients and their families was to send them home for weekend visits with placebos instead of medication, which would cause them to experience symptoms of withdrawal from the abrupt termination of



medications – all to create more acceptance into staying under his care at the Allan Memorial Institute (Exhibit R-27 pages 34-41);

234. Patients who had been unwitting subjects of the Montreal Experiments often had no recollection of the treatment and were missing weeks or even years of their memories. Cameron had himself referred to his depatterning treatments as “differential amnesia”, designating “the greater degree of amnesia which exists for pathological than for normal happenings produced by depatterning”. Cameron noted “there is complete amnesia for all events of his life”, the whole as appears more fully from a copy of Cameron’s paper entitled “Production of Differential Amnesia as a Factor in the Treatment of Schizophrenia” dated February 1960, produced herein as **Exhibit R-57**;
235. Cameron himself noted that “in the years 1958 and 1959 we treated fifty-three schizophrenic patients by means of depatterning and in all of those cases differential amnesia appeared. We also so treated a number of long-term psychoneurotic patients impervious to psychotherapy and one or two cases of addiction. Insofar as these latter numbers were small, however we are not including them in this present series, but the same phenomena appeared”, (Exhibit R-57);
236. Because the Montreal Experiments amounted to psychological torture (rather than physical), the patients felt responsible for their own suffering (Exhibit R-4), the whole as appears more fully from a copy of the Washington Post article entitled “25 Years of Nightmares” dated July 28, 1985, produced herein as **Exhibit R-58**;
237. Likewise, the families of the patients felt responsible for their loved ones’ suffering and, in combination with the lack of openness about what had happened, the profound sense of resentment, shame, embarrassment, guilt, and helplessness inherent in the circumstances, even requesting medical records was an insurmountable task (let alone having a request complied with);
238. In other words, in order to cope with the aftermath of the Montreal Experiments, Class Members most often put on blinders in order to deal with their lives – even in the face of all of the resources in the world (which was most often not the case), they did not want to know as it was too horrifying to face what they had allowed to happen and what their loved one had underwent – the idea of opening old wounds can be paralyzing;
239. When the news broke in the late 1970s about the Montreal Experiments, Class Members were unable to deal with the information, primarily due to the lingering symptoms of the “treatment” that they had received, including a lack of will and inability to make decisions, combined with a constant sense of failure – this disenfranchised underclass simply could not organize itself;
240. After all, here was unethical medical practice, funded by government agencies, whereby the minds of individuals were manipulated and profoundly changed – how



can one expect such a victim to be able to process the knowledge of wrongdoing and act accordingly, in the same way as a psychologically sound person?

241. It was taboo to talk about the what had happened at the Allam Memorial Institute and about the degradation that the patients had gone through. Their sense of helplessness was transferred to their families, who simply could not admit and face their mistakes in allowing, encouraging, and enabling the Montreal Experiments to be performed on their husband, wife, mother, father, and/or sibling;
242. All of these would be considered insurmountable psychological roadblocks;
243. Participation in a lawsuit would necessarily entail further anxiety and panic attacks as well as being forced to relive the experience – many former patients were simply unable to face what had happened and were unable to act (Exhibit R-27 pages 75-85);
244. Even after the Orlikow Lawsuit had been filed, only 8 other former patients came forward, how could his former patients vindicate their rights when their mental functioning had been manipulated and profoundly changed;
245. When mental illness strikes a family member, it is a debilitating experience, and to expose it to the scrutiny of the courts and the media is simply too much for most families to contemplate as it would be emotionally and financially draining. Furthermore, the struggle of the plaintiffs who did come forward was hardly an encouraging precedent;
246. Neither the Canadian Government, nor the CIA, nor the U.S. Government, nor the Royal Victoria Hospital, nor McGill have ever admitted any culpability in the matter;
247. In retrospect, perhaps what is most shocking about the Montreal Experiments is not even that they actually happened, but instead, that they were allowed to happen;
248. The families of the former patients were never compensated;
249. Perhaps it is most appropriate to take a step back and look at the whole picture. In the words of the son of one of Cameron's victims:

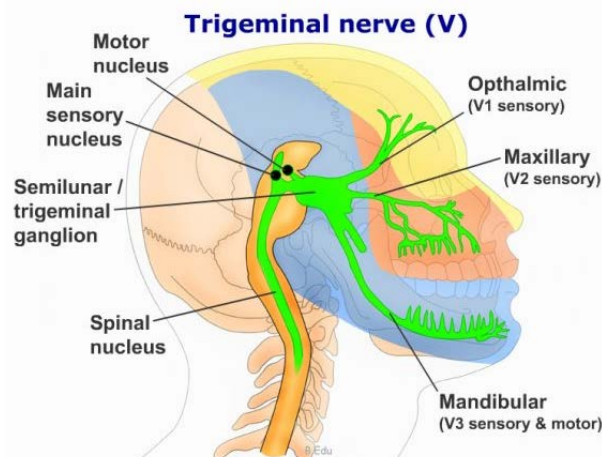
“This is, most of all, a story of people; of love and friendship, respect and honour; of rage and despair. It is a tale of ambition and dishonor, of a profession whose weaknesses are all too apparent. Many lives have become interwoven in pursuit of the truth – my father's, mine, Ewen Cameron's, those of the attorneys, the other patients, politicians, reporters. The themes of ethical behaviour, morality, secrecy, the contribution of the law to the regulation of medical practice – all of these make up the fabric of a piece of cloth dyed black.”



VII. FACTS GIVING RISE TO AN INDIVIDUAL ACTION BY THE APPLICANT

250. In 1950, the Applicant's father, Charles Tanny, had his left upper molar filled by a dentist and shortly thereafter, he began experiencing pain and sensitivity over the right side of his face. He had the tooth extracted, but the pain persisted for several months and then disappeared;
251. In May 1956, Mr. Tanny again experienced pain and sensitivity over the right side of his face. He visited his family doctor, Dr. V. Hymovitch who gave him a course of vitamin B-12 injections and who referred him to Dr. Graham at the Montreal Neurological Institute;
252. On August 6, 1956, Mr. Tanny was admitted to the Montreal Neurological Institute under the supervision of Dr. Graham. He had various blood, urine, and allergy tests as well as an x-ray performed of his skull. Dr. Rasmussen suggested treating the pain conservatively "in hopes the pain will gradually less spontaneously". He was diagnosed with a lesion of the trigeminal nerve (CN V)²⁵, but the doctors could not find the cause and he was discharged on August 11, 1956;
253. On August 20, 1956, Mr. Tanny was re-admitted to the Montreal Neurological Institute under the supervision of Dr. Graham. His diagnosis remained unchanged, but the doctors noticed that he had a "depressive reaction" to it. He was placed on heavy barbiturates and analgesics. On September 7, 1956, Mr. Tanny was discharged on daily injections of 1,000 mgs of vitamin B12 to be administered by his family doctor as well as an antihistamine and a mild analgesic for pain;
254. On November 23, 1956, Mr. Tanny was re-admitted to the Montreal Neurological Institute under the supervision of Dr. Graham. It was believed that "at least part of the pain was of a psychogenic nature". As such, he was given 6 ECT treatments in the Allan Memorial Institute by Dr. Sidney Barza, adrenalin for the

²⁵ A trigeminal nerve (also referred to a Gasserian ganglion nerve) lesion is a lesion of the 5th cranial nerve which has the potential to negatively affect the nerve's functioning. The nerve has 3 divisions: ophthalmic, maxillary, and mandibular nerves.



pain in his face and chlorpromazine and sedatives. Mr. Tanny was discharged on December 5, 1956 with his diagnosis as “persistent right facial pain of unknown etiology” and with a recommendation to be followed by Dr. Barza at the Allan Memorial Institute;

255. On December 20, 1956, Mr. Tanny was admitted to the Kingston General Hospital in Kingston, Ontario under the care of Dr. D. Nalgrett White. Mr. Tanny discharged himself on December 23, 1956 against the advice Dr. White. It is clear that Dr. White considered the nature of Mr. Tanny’s pain to be psychogenic;
256. On January 4, 1957, Mr. Tanny was admitted to the Allan Memorial Institute under the care of Cameron with the “primary complaint of pain in the right side of his face”. Upon admission, it was noted that Mr. Tanny “preferred to speak about the symptoms rather than personal problems”. At 8 p.m. that same day, Mr. Tanny was placed on sleep treatment. More particularly, Mr. Tanny was placed into an insulin-induced coma where he slept for the majority of the day for the duration of approximately 50 days, in combination with the administration of barbiturates and anti-psychotic drugs;
257. From Cameron’s notes as well as from the bedside notes, the following can be discerned:
 - (a) On January 17, 1957, Mr. Tanny was on his 9th day of sleep, still complaining about occasional pain in the right side of his face – at this point he required “occasional catheterization and has had to have a retention enema”;
 - (b) On January 21, 1957, Mr. Tanny was on his 13th day of sleep and he received his first ECT to be administered 3 times weekly. At this point Cameron notes “some degree of confusion but there is no incontinence”;
 - (c) On February 1, 1957 Mr. Tanny was on his 24th day of sleep and had had 5 ECTs, still at the rate of 3 per week. At this point, Cameron notes that he has “incontinence and a great deal of confusion, but he is not yet in the third stage of de-patterning, since at mealtime at least he is able to seek to reorient himself by asking where his wife is” and that “there are no complaints about pain in the face”, but decides nevertheless on “carrying him on for at least the full 30 days, and possibly for longer”;
 - (d) On February 4, 1957, Mr. Tanny was on his 27th day of sleep and had his 6th ECT on February 2, 1957. At this point, Cameron notes the following: “we are not altogether satisfied that [Mr. Tanny] has become sufficiently confused. He is still keeping in contact with his former life...hence we are putting him on Page-Russell one a day for 3 consecutive days...he is not incontinent”²⁶;

²⁶ The Page-Russell ECT technique used a powerful shock to induce an epileptic convulsion and then 5 additional shocks during the convulsion – Cameron would administer up to 9 additional shocks.



- (e) On February 14, 1957, Mr. Tanny was on his 37th day of sleep treatment and had undergone 15 ECTs, 9 of which were Page-Russell (i.e. repeated during convulsions) due to a perceived “great antagonism, hostility and violence”. Mr. Tanny was “struggling against eating and has to be tube-fed” and he was refusing to take his medication save occasionally, “for the most part has to receive it by injection” – As a result he was being administered the Page-Russell ECT to “attempt to bring him into the third stage of de-patterning” and he was incontinent. Cameron notes at this point that Mr. Tanny is “antagonistic against his hospitalization, and not willing to accept a psychiatric diagnosis”;
- (f) On February 18, 1957, Mr. Tanny was on his 41st day of sleep and had undergone 21 ECTs, 15 of them were Page-Russell being administered once daily. Cameron notes that “he is now entering stage 2 of confusion and is occasionally incontinent. We are continuing our present line of approach with the hope of getting him into stage 3. If it is necessary to get him into stage 3, we may increase Page-Russells once more to 2 a day”;
- (g) By February 25, 1957, Mr. Tanny had been under sleep treatment for 48 days and had received 21 ECTs. Cameron mistakenly writes his name as “Mr. George Tanny” and recorded the following: “He has no knowledge of where he is, a lot of the time he is pretty cheerful and childish though at other times he will show little bursts of hostility. He has only occasional incontinence. Under these circumstances we feel that the patient is probably taken as far as we can hope to take him. We are beginning to let the patient come out of sleep. We will discontinue sleep treatment gradually and also put him onto [ECT] 3 times a week”;
- (h) On March 4, 1957, Cameron reported the following: “Following his being taken off sleep he was quite disturbed, active and impulsive, and he required fairly heavy sedative to keep him under control. He is still quite confused...At the present time he feels that he is being kept here because he has not paid his bill, and if he eats any more food his bill will become all the greater...It is of particular interest to us to note that the pain in the right side of his face, which was his presenting symptom when he first came in, is now absent”;
- (i) On March 12, 1957, Mr. Tanny had had 29 ECTs to be continued at the rate of 1 per week. Cameron notes the following: “The pain in his face is now gone. He realizes that he has been sick and also realizes that he has had this pain”;
- (j) On March 14, 1957, Mr. Tanny was administered his 31st ECT and was moved to the day hospital. Cameron notes that at the beginning, Mr. Tanny was “somewhat bragging and overtalkative, and over the weekend he slipped quite badly, began to complain of pain in the chest, getting panicky, quite tense, anxious and demanding. In reviewing his case still further we now see that he had always been a most hostile and antagonistic person...for this reason we are suggesting that although psychotherapy will undoubtedly have to be our ultimate recourse, he should be put on Page Russell daily until his excitement



and overactivity are brought under control. We would also suggest that his Largactyl dose should be built back up again to the point of control...”;

- (k) On March 25, 1957, Cameron noted the following: “his personality is again solidifying into its former rigid shape, in the sense that he now is quite certain that his troubles have no dynamic origin save that he was overworked and it was t that extent emotional, but to dig down into the underlying factors is something that he will not face. At the same time, the pain in the face has not returned, and this is quite remarkable...”;
258. On March 19, 1957, Mr. Tanny was released from the hospital. His final diagnosis was that of an “anxiety state with great hostility and somatic representations in the form of neuralgic pain in the right face”. Another one of the doctors noted the following: “He has, however, still the complaint of feeling very lethargic and tired...it should be mentioned that this patient, because of his fear of insanity, was not actually told about the continuation of his treatment...”;
259. After Mr. Tanny’s discharge from the Allan Memorial Institute, he was continued on monthly ECTs as a form of modified Sleep Treatment whereby he went to the institute at 9 a.m., was given intravenous Atropine, then ECT, then amytal sodium, and then slept until mid-day – this was noted between May 4, 1957 and August 15, 1957;
260. During Mr. Tanny’s “Sleep Therapy” he was administered the following drugs in combination in large quantities:
- (a) Seconal (a barbiturate drug used as a sedative and hypnotic)
 - (b) Nembutal/pentobarbital/pentobarbitone (short-acting barbiturate)
 - (c) Veronal (barbiturate)
 - (d) Sparine/promazine (antipsychotic medication used to treat schizophrenia)
 - (e) H&A/hydrocodone and acetaminophen/ Vicodin (opioid pain medication)
 - (f) Beminal (multivitamin product used to treat or prevent vitamin deficiency due to poor diet and certain illnesses)
 - (g) Reserpine (antipsychotic medication)
 - (h) Largactyl/Chlorpromazine/Thorazine (antipsychotic medication primarily used to treat psychotic disorders such as schizophrenia)
 - (i) Amytal sodium/Amobarbital (a barbiturate derivative with sedative-hypnotic properties)
 - (j) Doriden/Glutethimide (hypnotic sedative to treat insomnia);



261. When Mr. Tanny was visited by his wife at the Allan Memorial Institute, Mrs. Tanny was fearful and frustrated when she noted his change in behaviour and she felt powerless to stop the “treatments” or to obtain an explanation as to what was happening;
262. When Mrs. Tanny would attempt to obtain information about the treatment from the hospital, she was dismissed and no information was given;
263. When Mr. Tanny came home from the Allan Memorial Institute on March 27, 1957, Mrs. Tanny was shocked at how frail he was – it did not take long to see that there was a significant change in his personality;
264. Mr. Tanny was very disoriented and confused and he did not remember who he was, who his family was, that he had children, or that he owned a business that bought and sold surplus goods from the government;
265. Although with time Mr. Tanny learned who we were, he never regained his affectionate disposition, instead he was distant, strict, volatile and violent;
266. As a result of Mr. Tanny’s unwitting participation in the Montreal Experiments the Applicant and her family’s lives were completely changed;
267. The Applicant had been a very happy little girl, the apple of her father’s eye (as noted in interview notes with Dr. Barza). Mr. Tanny had been very special and very caring and had spent all of his free time with his family;
268. For example, Mr. Tanny would surprise his family by saying he was taking them fishing – and they would all jump into the car with great excitement, but of course they knew there was no fishing gear in the car, and they would never made it past Belmont Park where Mr. Tanny would take his children on every ride, buy them cotton candy and play games;
269. In addition, they would skate in their backyard where Mr. Tanny himself had worked tirelessly to build a skating rink and then would enjoy rubbing his childrens’ frozen feet.
270. After Mr. Tanny returned home from the Allan Memorial Institute, he remained completely detached from his family. There was no more affection and there were no more family outings, no more surprise trips – just a complete detachment which left the Applicant feeling like they were living in an empty house;
271. Mr. Tanny began referring to the Applicant’s brother as an “idiot” and he started physically abusing the Applicant regularly;
272. The Applicant did not feel any more love from her father and she thought if she was perfect, then maybe he would love them again, so she tried to be perfect. She did everything that she could think of to make her father love his family again, but instead, her efforts only served to escalate the physical abuse into beatings which



continued into her 20's, up until Mr. Tanny suffered a severe and debilitating stroke in October of 1977;

273. The Applicant's childhood went from one filled with love and support, to one filled with shame, embarrassment, self-blame, and fear. Nobody ever talked about what had happened at the Allan Memorial Institute and Mr. Tanny's detached and abusive behaviour was overlooked;
274. As children, the Applicant, her sister, and her brother had been unaware of what had happened to their father, but they missed their loving and wonderful father, who was never a loving and wonderful father again after his unwitting participation in the Montreal Experiments;
275. It was not long after he came home that the Applicant became very sad and began feeling very empty – this feeling has stayed with her all of my life;
276. The Applicant spent most of her childhood completely numb and distrustful of other people and as an adult, she began to have increasingly frequent panic attacks, which turned into agoraphobia;
277. The Applicant has been seeing therapists for decades to help cope with her feelings of abandonment and of low self-worth, but she never felt able to talk about her father or about what had happened – even during these sessions;
278. Because of the way that the Applicant grew up and the abuse that she had endured from her absent father, she was unable to maintain meaningful relationships with men and she would unknowingly seek out men that were incapable of showing love. She would then be placed back into that situation that she had experienced with her father, that of rejection and self-blame;
279. The Applicant's family never spoke about what had happened at the Allan Memorial Institute or about the Montreal Experiments;
280. At no time was Mr. or Mrs. Tanny made aware of the methods that were being used on patients at the Allan Memorial Institute and at no time did either of them give informed consent to the Montreal Experiments;
281. Mr. Tanny should never have been a candidate for the Montreal Experiments, particularly so since his medical issue had no relation to his mental state;
282. As a result of the Defendants' conduct, the Applicant suffered damages including, but not limited to Loss of support, guidance, care, consortium, intimacy, stability, and companionship that they might reasonably have received if the injuries had not occurred as well as physical and mental/emotional injuries including pain, suffering, anxiety, mental distress, loss of quality and enjoyment of life, depression, apathy, loss of stability, emptiness, and injury to self-respect;



283. The Applicant's damages are a direct and proximate result of the Defendants' conduct;

284. In consequence of the foregoing, the Applicant is justified in claiming damages;

VIII. FACTS GIVING RISE TO AN INDIVIDUAL ACTION BY EACH OF THE MEMBERS OF THE GROUP

285. Every member of the Class either underwent the Montreal Experiments or is a successor, assignee, family member, and/or a dependant of same;

286. Each member of the Class is justified in claiming at least one or more of the following as damages:

- a) For Cameron's former patients who underwent the Montreal Experiments:
 - i) Physical and mental/emotional injuries, including amnesia, impaired cognitive functioning, chronic organic brain syndrome, pain, suffering, anxiety, nervous shock, mental distress, delusions, incapacitation, loss of quality and enjoyment of life, increased risks of medical problems, loss of memory, depression, apathy, loss of stability, concentration problems, disorientation, emptiness, loss of IQ, injury to self-respect, damage to and/or loss of reputation;
 - ii) Past and future health and medical expenses related to the Montreal Experiments, which are not covered by Medicare;
 - iii) Lost income/livelihood, loss of earnings/earning capacity; and/or
 - iv) Any other pecuniary losses;
- b) As a direct result of the Defendants' conduct, the former patients' family members and dependants have, had, and will continue to suffer damages and loss including:
 - i) Loss of support, guidance, care, consortium, intimacy, stability, and companionship that they might reasonably have received if the injuries had not occurred as well as physical and mental/emotional injuries including pain, suffering, anxiety, mental distress, loss of quality and enjoyment of life, depression, apathy, loss of stability, emptiness, and injury to self-respect;
 - ii) Out-of-pocket expenses, including debts accrued and/or paying or providing nursing, housekeeping and other services; and
 - iii) Loss of income and loss of future income;
- c) Punitive damages;



287. All of these damages to the Class Members are a direct and proximate result of the Defendants' intentional and/or negligent conduct;

IX. CONDITIONS REQUIRED TO INSTITUTE A CLASS ACTION

A) The composition of the Class makes it difficult or impracticable to apply the rules for mandates to sue on behalf of others or for consolidation of proceedings

288. Class Members who underwent the Montreal Experiments number in the hundreds – the Applicant is neither privy to the number of whom are still alive today nor of the size of their respective families. The Royal Victoria Hospital's records could establish the size of the patient population to a reasonable degree of exactitude;

289. Class Members are numerous and are scattered across the entire province of Quebec and continent;

290. In addition, given the significant costs, risks, and personal humiliation inherent in an action of this nature before the courts and before the media, the majority of Class Members have been unable to institute an individual action against the Defendants. Even if the Class Members themselves could begin to consider a lawsuit and could afford such individual litigation, it would place an unjustifiable burden on the courts and, at the very least, is not in the interests of judicial economy. Furthermore, individual litigation of the factual and legal issues raised by the conduct of the Defendants would increase delay and expense to all parties and to the court system;

291. These facts demonstrate that it would be impractical, if not impossible, to contact each and every member of the Class to obtain mandates and to join them together in one action;

292. In these circumstances, a class action is the only appropriate procedure and the only viable means for all of the members of the Class to effectively pursue their respective rights and have access to justice;

B) The claims of the members of the Class raise identical, similar or related issues of law or fact

293. Individual issues, if any, pale by comparison to the common issues that are significant to the outcome of the litigation;

294. The damages sustained by the Class Members flow, in each instance, from a common nucleus of operative facts, namely, the Defendants' misconduct;

295. The claims of the members raise identical, similar or related issues of fact or law, namely:



- a) Were the Montreal Experiments suitable treatment for those that underwent them?
 - b) Were the Montreal Experiments human experimentation?
 - c) Was informed consent properly obtained for participation in the Montreal Experiments?
 - d) Did the Locus Defendants commit a fault, whether intentionally or negligently, by their systemic participation in the Montreal Experiments?
 - e) Did the Governmental Funding Defendants commit a fault, whether intentionally or negligently, through their active or passive participation in the Montreal Experiments?
 - f) Did any of the Defendants know or should they have known of the Montreal Experiments and when?
 - g) Did the Defendants fail and/or neglect to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment?
 - h) With respect to Class Members' rights, did the any of the Defendants breach the *Civil Code of Québec*, CQLR c CCQ-1991 (*inter alia*, arts. 10, 11, 1375, 1399, 1457, 1463), the *Quebec Charter of Rights and Freedoms* (specifically, ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the Universal Declaration of Human Rights (specifically, ss. 1, 3, 5, and 18), and/or *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11)?
 - i) In the affirmative to any of the above questions, did the Defendants' conduct engage their solidary liability toward Class Members?
 - j) What is the nature and extent of damages to which the Class Members can claim?
 - k) Are Class Members entitled to bodily, moral and material damages, and if so, in what amount?
 - l) Are Class Members entitled to punitive damages, and if so, in what amount?
296. The interests of justice favour that this application be granted in accordance with its conclusions;

X. NATURE OF THE ACTION AND CONCLUSIONS SOUGHT

297. The action that the Applicant wishes to institute on behalf of the members of the Class is an action in damages and a declaratory judgment;



298. The conclusions that the Applicant wishes to introduce by way of an application to institute proceedings are:

GRANT the class action of the Applicant and each of the members of the Class;

DECLARE that the Defendants solidarily liable for the damages suffered by the Applicant and each of the members of the Class;

CONDEMN the Defendants to pay to each member of the Class a sum to be determined in compensation of the damages suffered, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay punitive damages to each of the members of the Class, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay interest and additional indemnity on the above sums according to law from the date of service of the application to authorize a class action;

ORDER the Defendants to deposit in the office of this Court the totality of the sums which forms part of the collective recovery, with interest and costs;

CONDEMN the Defendants to bear the costs of the present action including expert and notice fees;

RENDER any other order that this Honourable Court shall determine and that is in the interest of the members of the Class;

A) The Applicant requests that she be designated as representative of the Class

299. The Applicant is a member of the Class;

300. The Applicant is ready and available to manage and direct the present action in the interest of the members of the Class that she wishes to represent and is determined to lead the present dossier until a final resolution of the matter, the whole for the benefit of the Class, as well as, to dedicate the time necessary for the present action before the Courts and the *Fonds d'aide aux actions collectives*, as the case may be, and to collaborate with her attorneys;

301. The Applicant has the capacity and interest to fairly, properly, and adequately protect and represent the interest of the members of the Class;

302. The Applicant has given the mandate to her attorneys to obtain all relevant information with respect to the present action and intends to keep informed of all developments;



303. The Applicant, with the assistance of her attorneys, is ready and available to dedicate the time necessary for this action and to collaborate with other members of the Class and to keep them informed;
304. The Applicant has given instructions to her attorneys to put information about this class action on their website and to collect the coordinates of those Class Members that wish to be kept informed and participate in any resolution of the present matter, the whole as will be shown at the hearing;
305. The Applicant is in good faith and has instituted this action for the sole goal of having her rights, as well as the rights of other Class Members, recognized and protected so that they may be compensated for the damages that they have suffered as a consequence of the Defendants' conduct;
306. The Applicant understands the nature of the action;
307. The Applicant's interests do not conflict with the interests of other Class Members and further, the Applicant has no interest that is antagonistic to those of other members of the Class;
308. The Applicant is prepared to be examined out-of-court on her allegations (as may be authorized by the Court) and to be present for Court hearings, as may be required and necessary;
309. The Applicant has spent time researching this issue on the internet and meeting with her attorneys to prepare this file. In so doing, she is convinced that the problem is widespread;
- B) The Applicant suggests that this class action be exercised before the Superior Court of Justice in the district of Montreal
310. A great number of the members of the Class reside in the judicial district of Montreal and in the appeal district of Montreal;
311. The Applicant's attorneys practice their profession in the judicial district of Montreal;
312. The present application is well founded in fact and in law.

FOR THESE REASONS, MAY IT PLEASE THE COURT:

GRANT the present application;

AUTHORIZE the bringing of a class action in the form of an application to institute proceedings in damages and declaratory relief;

APPOINT the Applicant as representative of the persons included in the Class herein described as:



- All persons who underwent depatterning treatment at the Allan Memorial Institute in Montreal, Quebec, between 1948 and 1964 using Donald Ewan Cameron's methods (the "Montreal Experiments") and their successors, assigns, family members, and dependants or any other group to be determined by the Court;

IDENTIFY the principle issues of fact and law to be treated collectively as the following:

- a) Were the Montreal Experiments suitable treatment for those that underwent them?
- b) Were the Montreal Experiments human experimentation?
- c) Was informed consent properly obtained for participation in the Montreal Experiments?
- d) Did the Locus Defendants commit a fault, whether intentionally or negligently, by their systemic participation in the Montreal Experiments?
- e) Did the Governmental Funding Defendants commit a fault, whether intentionally or negligently, through their active or passive participation in the Montreal Experiments?
- f) Did any of the Defendants know or should they have known of the Montreal Experiments and when?
- g) Did the Defendants fail and/or neglect to notify Class Members that they had been subjects in the Montreal Experiments and to assure that they received proper follow-up treatment?
- h) With respect to Class Members' rights, did the any of the Defendants breach the *Civil Code of Québec*, CQLR c CCQ-1991 (*inter alia*, arts. 10, 11, 1375, 1399, 1457, 1463), the *Quebec Charter of Rights and Freedoms* (specifically, ss. 1, 2, 4, and 48), the *Canadian Charter of Rights and Freedoms* (specifically, ss. 7, 12, the Universal Declaration of Human Rights (specifically, ss. 1, 3, 5, and 18), and/or *An Act Respecting Health Services and Social Services*, CQLR c S-4.2 (specifically, ss. 1, 3, 5, 8, 9, 10, & 11)?
- i) In the affirmative to any of the above questions, did the Defendants' conduct engage their solidary liability toward Class Members?
- j) What is the nature and extent of damages to which the Class Members can claim?
- k) Are Class Members entitled to bodily, moral and material damages, and if so, in what amount?
- l) Are Class Members entitled to punitive damages, and if so, in what amount?



IDENTIFY the conclusions sought by the class action to be instituted as being the following:

GRANT the class action of the Applicant and each of the members of the Class;

DECLARE that the Defendants solidarily liable for the damages suffered by the Applicant and each of the members of the Class;

CONDEMN the Defendants to pay to each member of the Class a sum to be determined in compensation of the damages suffered, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay punitive damages to each of the members of the Class, and ORDER collective recovery of these sums;

CONDEMN the Defendants to pay interest and additional indemnity on the above sums according to law from the date of service of the application to authorize a class action;

ORDER the Defendants to deposit in the office of this Court the totality of the sums which forms part of the collective recovery, with interest and costs;

CONDEMN the Defendants to bear the costs of the present action including expert and notice fees;

RENDER any other order that this Honourable Court shall determine and that is in the interest of the members of the Class;

DECLARE that all members of the Class that have not requested their exclusion, be bound by any judgment to be rendered on the class action to be instituted in the manner provided for by the law;

FIX the delay of exclusion at thirty (30) days from the date of the publication of the notice to the Class Members, date upon which the members of the Class that have not exercised their means of exclusion will be bound by any judgment to be rendered herein;

ORDER the publication of a notice to the members of the group in accordance with article 579 C.C.P. within sixty (60) days from the judgment to be rendered herein in LA PRESSE, THE GAZETTE, and the THE GLOBE AND MAIL;

ORDER that said notice be available on the Defendants' website(s), as well as their Facebook page(s) and Twitter account(s) with a link stating "Notice to Allan Memorial Institute Patients of Dr. Cameron Between 1948 and 1964";

RENDER any other order that this Honourable Court shall determine and that is in the interest of the members of the Class;



THE WHOLE with costs, including all publication and dissemination fees.

Montreal, January 24, 2019

(s) Andrea Grass

CONSUMER LAW GROUP INC.

Per: Me Andrea Grass

Attorneys for the Applicant

CONSUMER LAW GROUP INC.

1030 rue Berri, Suite 102
Montréal, Québec, H2L 4C3
Telephone: (514) 266-7863
Fax: (514) 868-9690
Email: agrass@clg.org